DOCUMENT RESUME

ED 174 341 PS 010 753

AUTHOR	Axelrod, Pearl G., Comp; Buch, Esther R., Comp.
TITLE	Preschool and Child Care Administration. (Revised Edition).
INSTITUTION	Michigan Univ., Ann Arbor. School of Education.
SPONS AGENCY	Social and Rehabilitation Service (DHEW), Washington, D.C.
PUB DATE	Aug 77
NOTE	285p.; Revised version of ED 100 503
EDRS PRICE	MF01/PC12 Plus Postage.
DESCRIPTORS	*Administrator Education; Administrator Role; Certification; Child Abuse; *Child Care Centers; Developmental Tasks; Educational Finance; Educational Objectives; Handicapped Students; Health; *Management Education; Parent Participation; Personnel Management; Physical Facilities; *Preschool Programs; Programing; *Supervisory Training
IDENTIFIERS	Developmental Assessment

ABSTRACT

These materials are designed for use in a mobile training project for practicing directors of day care centers. Although they are not meant to be comprehensive on any subject, they may be helpful to teachers, students, and consultants in the field of day care administration, to directors of centers, and to Department of Social Services Day Care personnel. Materials are collected in 12 sections. Section A covers goals of day care for children, parents, staff, and community and the roles of the day care director. Schedules of administrative tasks are also discussed. Section B briefly provides information on licensing standards and forms. Section C covers financial planning and management. Several record keeping forms are included. Section D discusses center management. Three model calendars that provide a way of organizing specific tasks are given. Guidelines for purchasing, inventory, preventive maintenance, insurance, writing proposals, participating in federal food programs, and setting fees are also included. Section E includes outlines of topics that should be covered in personnel policies and job descriptions. Section F provides guides for parent involvement and includes an outline for a Parent Handbook. Section G covers ways to evaluate child development and includes forms and coding sheets for evaluating and observing children. Section H provides several materials on children with special needs. Section I covers health, safety and nutrition goals, policies, and procedures in the preschool. Physical facilities and equipment for young children are discussed in Section J. Section K provides multiethnic and other material as aids to programming. The final section consists of a partially annotated bibliography, a resource list of organizations and a list of related periodicals. (Author/RH)

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PRESCHOOL AND CHILD CARE ADMINISTRATION

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PS 010753

January 1974
Second Revision -- May 1975
Third Revision -- October 1976
Fourth Revision -- August 1977
Program in Early Childhood Education
School of Education, The University of Michigan
Ann Arbor, Michigan 48109

MOBILE TRAINING FOR DIRECTORS OF DAY CARE CENTERS

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This kit was originally prepared for a University of Michigan course. It was revised for the project "Mobile Training for Directors of Day Care Centers." This project was funded by the Social and Rehabilitation Service of the Department of Health, Education and Welfare, under a Section 426 grant. Responsibility for the contents of this publication rests solely with the editors.

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Program in Early Childhood Education

INSTRUCTIONS FOR ASSEMBLING THIS KIT

The bottom of this sheet can be cut to make tabs for the dividers in this Kit. To use them:

1. Glue the bottom of this sheet to an index (3 x 5) card or thin cardboard.
2. Cut out on the dotted lines.
3. Insert the section labels into the appropriate tabs on the index sheets before each section of the Kit.
4. You may wish to purchase a ring binder in which to keep your Kit.

A. Goals and Roles

B. Licensing Standards and Forms

C. Financial Planning and Management

D. Center Management

E. Personnel

F. Parent Involvement

G. Child Development

H. Children with Special Needs

I. Health, Safety, and Nutrition

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ACKNOWLEDGEMENTS

Norman Herbert and Rhea Kish must be thanked for their expert advice and helpfulness in reading the draft of the budgeting section. A special note of thanks goes to Luella Gregory and Wynn Hausrath for their help in typing the manuscript and organizing the details of duplication. Mrs. Gregory has been responsible for the distribution of the Kit. The University of Michigan Copy Centers have duplicated these materials.

INTRODUCTION

In 1971 a training course in Preschool and Child Care Administration was initiated and has been offered annually by The University of Michigan, School of Education, in cooperation with the Extension Service. The students have been, for the most part, practicing directors of day care centers, and they came to the campus for a whole-day session each week for five weeks. The faculty was chosen from different areas that represent the skills and knowledge required by day care directors: business management, educational administration, health care, and social work, as well as early childhood education.

Because of the large distances involved, many directors of centers in Michigan were unable to participate in the course offered in Ann Arbor. As a result, the idea of a Mobile Training Project was developed, and five sites in Michigan were chosen as key areas in which to offer this course. This Project was made possible under a Section 426 grant awarded by the U. S. Department of Health, Education and Welfare, Social and Rehabilitation Service. Three two-day workshops were held in each of the five cities. In each area, the first workshop concentrated on Business Management and Finance, the second on Personnel, and the third on Programming. A more comprehensive report on each workshop, including outlines of the curriculum, is contained in the Replication and Dissemination Report of the Project. This is a sequel to this Kit, and may be secured from the Early Childhood Department, School of Education, The University of Michigan, Ann Arbor, Michigan 48109.

This kit of materials was originally developed by Pearl Axelrod as a resource for the on-campus Ann Arbor course. It was revised in 1976 for the Mobile Training Project, and again in 1977 as a result of our experience in that Project. It may be helpful to teachers, students, and consultants in the field of day care administration, to directors of centers, and to Department of Social Services Day Care personnel.

The materials in this kit are not meant to be comprehensive on any subject. In subject areas in which material is readily available, only some bibliography is provided. In other areas related to administration, we have included materials prepared by workshop faculty and other resource people.

The participants who prepared and contributed the handouts are noted. Permission has been secured from the author or from the publication source of each piece of material that is included. In addition, the Michigan Department of Social Services, Division of Child Care Center Licensing personnel, particularly Harold Gazan, David Lowe, and the Licensing Consultants, have been most helpful in indicating and advising us of materials relevant to licensing in Michigan.

To use the kit most effectively, we suggest that the materials be put in one or more looseleaf notebooks. Don't try to absorb the information at any one time; use the book for reference. Add helpful materials in the appropriate section as you come across them. Each section is numbered separately and has its own table of contents. At the end of each section there is a brief list of inexpensive publications on the topic. A more comprehensive bibliography is found at the end of the kit, in Section L.

Pearl G. Axelrod
Esther R. (Lindy) Buch

SECTION A

GOALS AND ROLES

The primary goal of both the course in Preschool and Child Care Administration, and the Project, Mobile Training for Directors of Day Care Centers, has been to promote quality care for young children in group child care settings. The assumption has been that an efficient and cost effective administration, and a program based on knowledge about child development, human relationships, and family dynamics, would facilitate quality developmental care for children.

Day care goals are generally set in terms of children's needs, and these are, of course, of uppermost concern. However, the needs of parents, staff, the community, and the director, must also be considered, if the center is to remain a viable concern. This section contains a statement of the goals of day care for children, parents, staff, director, and the center itself.

The director coordinates the needs of all these people in the role of center administrator and manager. The many roles and tasks involved in the director's job are listed. A system for the director to improve his/her own efficiency and use of time is also included in this section.

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1. Goals of Day Care

The Children

Day care goals for young children must include meeting their needs in all areas of development - physical, intellectual, social, and emotional. The early years are critical in the child's development, and the quality of care and services they receive at this time in their lives will be of lasting importance. Each child's individuality must be recognized and stressed, and individual needs provided for. Children need time to just "be kids," too - freedom to choose and explore, to express their needs, and to play with their peers in their own imaginative fashion.

Their Parents

Day care goals of parents are for good, safe, secure care during their absence and for education for their children, all at a reasonable cost and in a convenient location. Parents vary in their ability and desire to be involved in the day care setting itself, but most are very concerned about their own children and the care they receive. Parents have different philosophic approaches to child-rearing and education, and most would like to be able to choose a center that complements their own methods.

The Staff

Day care teachers and aides, as well as support staff, need opportunities for personal and professional growth and creative expression, as well as appreciation for their skills and their performance. They need positions that remunerate them appropriately and have some promise of advancement. Because continuous care of young children demands so much from caregivers, staff need support and encouragement from their supervisors and each other.

The Community

The community's goal in day care is to see that sufficient services are available, that they are safe for children, and that parents who need assistance in funding are subsidized. In a larger sense, the future citizens of a community are its children, and it needs the kind of facilities that will promote the healthy development of its young children. Licensing becomes the governmental function that attempts to meet some of these goals. In addition, Board members in a day care center may be the representatives of the community in overseeing quality of care. These community goals are often not apparent and the general community needs to be educated to the needs of young children and their families.

The Center

One of the Center's goals is to survive through a sound financial base and an efficient management. It must have as a goal a safe, sound building that is in legal compliance with governmental requirements. Its program should reflect its philosophy and objectives which have been articulated to the parents.

The Director

The director is the linchpin of the day care center, tying together the goals of these various groups. The director of a child care center has not one role, but many, and various tasks and duties that can make the position seem impossible at times. However, when the various groups and aspects of the day care system work in concert, the director's job can be rewarding and fulfilling. The director, as the person responsible for the center, may have as his/her chief goal, a quality program. In his/her position, s/he may see the need and be in a strong position to become an advocate for children. It is through these directors that quality in day care services for children can be promoted.

2. The Many "Hats" of the Day Care Director

A day care center is usually a rather small setting with a limited staff, and limited financial resources. The range of tasks that would occupy many persons plus back-up personnel in the administration of a school are usually assigned to one or possibly two individuals in a day care center. The director is the person responsible for the business, financial, and management aspects of the operation. In addition, s/he oversees the building, the food service, the health and safety of the children and the program for them. S/he supervises the staff, as well. In many small centers, or in large centers when a staff person is absent, the director is also the person who may be performing tasks in the above described areas, as well as supervising them. The various tasks fall into many categories. For most directors, trained in child development or education, and whose skills lie in working with children, many of the categories are new, and not ones in which they have much theoretical knowledge or practical experience. Although this diversity of tasks often provides a welcome variety in the director's day, it is a burden when few of the tasks can be completed without interruption. There is, of course, no magic solution to this problem, although more generous budgets allowing ample funds for substitutes and more delegation of responsibility to staff would help a great deal. A thorough understanding of the many "hats" day care center directors put on and off throughout a day can best illustrate what occupies them. The following list is by no means conclusive, but it does highlight the major roles.

I. Financial Manager - the "necessaries" of running a business

- A. Budgets, accounts, financial records
- B. Tuition, scholarships, State-funded children's payments
- C. Purchasing - including food
- D. Handling payroll, paying bills

II. Building and Grounds Supervisor

- A. Sanitation and custodial care
- B. Preventive maintenance

III. Record-keeper*

- A. Records on children: enrollment, attendance, food program participation, health, emergency form, developmental and anecdotal data
- B. Personnel records: application forms, health, payroll information, leave time, evaluations, list of substitutes
- C. Building and equipment records: inventories, warranties, bills
- D. Financial records
- E. Licensing, certificates, proofs of compliance

*The number of records required by various agencies continues to consume more and more time, and require more and more clerical expertise.

IV. Policy and Decision Maker

- A. Relate to Board of Directors, Advisory Committee, Owner, or Agency Sponsor
- B. Make daily decisions
- C. Develop policies
- D. Decide on program changes

V. Public Relations Expert

- A. Know about community resources
- B. Promote children's causes and center's status within community
- C. Act as community consultant on children's needs
- D. Recruit children

VI. Evaluator

- A. Analyze and evaluate total program
- B. Plan program changes and expansion
- C. Evaluate staff
- D. Evaluate children's progress
- E. Evaluate own performance

VII. Personnel Director

- A. Recruit staff
- B. Plan In-Service Training for staff
- C. Act as consultant to staff
- D. Plan program with staff
- E. Conduct staff meetings
- F. Supervise and evaluate staff
- G. Orient new staff
- H. Arrange substitutes
- I. Solve conflicts between staff members

VIII. Parent Involvement Facilitator

- A. Organize programs for parent involvement
- B. Orient parents; interpret program to parents
- C. Be available to parents with problems
- D. Refer parents to community resources
- E. Conduct business: collect tuition, follow through on center requirements of parents
- F. Act as parent educator
- G. Handle parents' complaints

IX. Health, Safety, and Nutrition Monitor

- A. Establish preventive health program
- B. Arrange care for sick children
- C. Inspect regularly and correct unsafe conditions
- D. Monitor chidren's nutrition program and USDA Food Reimbursement program, if participating

X. Program Expert

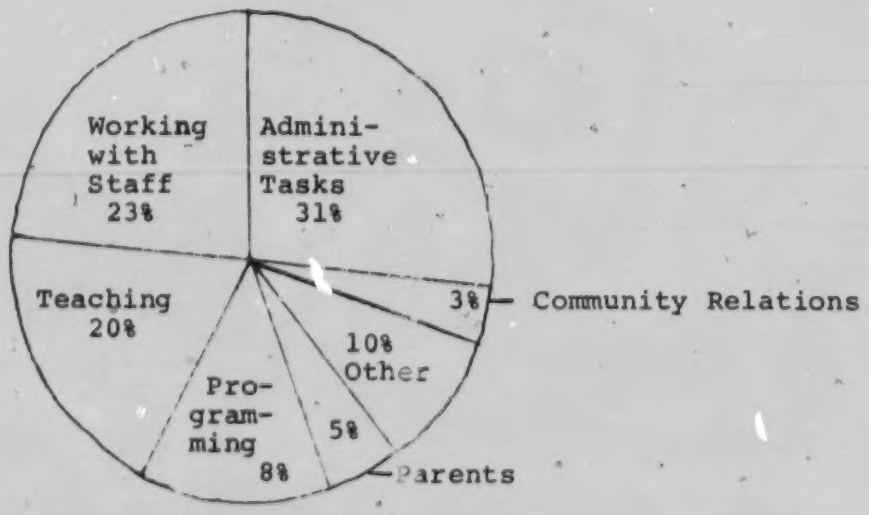
- A. Determine philosophy for center
- B. Understand and relate to children
- C. Schedule and coordinate program
- D. Handle and advise staff on discipline issues

3. The Director's Use of Time

Information gathered during the Mobile Training Project indicated that being the director of a child care center is rarely a forty hour per week job. Interruptions, last-minute notice of deadlines, long center hours, and crises in many areas make it difficult for the director to complete tasks in a timely manner. Often experienced directors "burn out" after a few years of such long hours! This in turn creates a situation in which administrations turn over and the continuity and development of a program is threatened. Of course, there are no ways of stretching the minutes in an hour, but there are some suggestions which may eliminate some of the crises. Certainly the children in a center can provide enough excitement without the building and financial crises being necessary to liven things up!

Schedules of administrative tasks can be helpful in minimizing the time spent on the myriad of forms and report necessary for centers (see page D-9 for a standard calendar of administrative tasks). Yearly calendars of maintenance tasks can prevent some last-minute crises in this area (see page D-17). Careful planning with all groups involved can reduce the tension associated with the director's role, and free him/her to devote time to children, parents, and staff. The materials in this section have been offered with the goal of clarifying the role of the director and allowing him/her to organize time. This should free these administrators to offer themselves more freely as resources to their programs, and so improve the quality of care.

Efficient business management is important so that the director has time for the staff and program aspects of the role. A time study in which the director lists and categorizes tasks and the time spent on them each week can be useful and informative. The 1976 Preschool and Child Care Administration class reflected the following average time division by the Director in their centers:



This is not meant to be a model, but it will be interesting to compare your use of time to others'. "A Guide for Managers of Child Day Care Centers"* from Phoenix, Arizona, makes some further suggestions about the director's use of time.

> Start by making a log of your activities for a few days, possibly a week. After work is over, or in a quiet time during the day, jot down what you have done, the number of times you have been in each area, the trips you made to shop for items, the number of telephone calls you have received or made, the amount of time you have spent in talking with parents, visitors, aides (what did you talk about?), and the myriad other activities.
>
> Secondly, analyze this log: Did you make two trips when planning would have saved you a trip? Did you really need to make that call to your supervisor or could you have handled the problem yourself? How many times did you get to each area of the center? Could you have asked someone else to do that?...
>
> What are your real objectives: This is the first question to ask yourself in setting priorities. If the health, education, and welfare of the children in your center are your primary objectives, - and we assume they are - then your analysis of your daily log should be examined in these terms. Are you spending your time in activities which ultimately will insure that these objectives are being met?...
>
> Every manager that the writer has had experience with has come to the point of absolute frustration and bewilderment over the many things that she sees to be done and wonders how in the time allotted she will ever accomplish these. It is the writer's feeling that actually the most important things <u>do</u> get done and rather than working steadily ten or more hours a day, it is better to take frequent little breaks and to stop and push things aside when you are tired. You will work far faster and more efficiently when you take it up again. There is research to show this is true.
>
> Take the time each week to write down all the things that you hope to get accomplished. Then decide which things you and no one else will have to do; which things can be delegated to someone else; which things can wait and which things must absolutely be done now.

*"A Guide for Managers of Child Day Care Agencies," Migrant Opportunity Program, Phoenix, Arizona, ERIC, May 1969.

4. Bibliography

Day Care #1 A Statement of Principles	U. S. Department of Health, Education, and Welfare, Office of Child Development	30¢
Richard Ruopp, et. al. A Day Care Guide for Administrators, Teachers, and Parents	Cambridge, MASS., The MIT Press 1973	
"Letters to a Day Care Director" by James Levine.	Day Care and Early Education, January 1974.	

SECTION B

LICENSING STANDARDS AND FORMS

Licensure is the means by which a state regulates agencies. Requirements for licensing usually represent minimal standards. A day care center that is licensed by the state meets these basic qualifications, but this does not necessarily mean that it provides good or developmental care for children.

Each state has its own laws and regulations which govern the licensing of child care centers. It is suggested that each director contact the state agency (Department of Social Services, often known as the Department of Public Welfare, or in a few states, the Department of Education) responsible for licensing and include your state regulations in this section. In Michigan, Act 116 authorizes the Department of Social Services to promulgate and enforce rules for child care centers. Currently, those rules are in the process of revision. Copies of Act 116 and the Proposed Rules have been provided free of charge for Michigan residents by the Division of Child Care Center Licensing, Michigan Department of Social Services. The cost of this kit does not include the cost of these items. These materials are enclosed as a separate packet for all kits sent to Michigan addresses, and should be filed in this section.

The licensing process for child care centers varies from state to state, and again, directors should contact their own state agencies for information. In Michigan, licensing consultants can be reached by calling local Department of Social Services offices (look under Michigan State Government), and ask for a Child Care Center Licensing Consultant, or by contacting the state office directly:

Division of Child Care Center Licensing
Michigan Department of Social Services
300 South Capitol Avenue
Lansing, Michigan 48926
(517) 373-8300

In Michigan, the licensing consultant will provide forms and information relevant to the licensing procedure. All centers must be licensed before they open to care for children, and the license must be renewed periodically. A sample "Application to Operate a Child Care Organization", and a sample "Supplemental Application for a License to Operate a Child Care Center" in Michigan are included in the Michigan packet, and should be filed in this section. A copy of the outline used by licensing consultants for their licensing study reports, a sample license, and information about consultation in Michigan are also enclosed in the packet provided by the Department of Social Services.

As of this writing, the Federal Interagency Day Care Requirements (FIDCR) are under study, and parts of them are in suspension until at least October 1978. It is suggested that directors check with their own state licensing personnel to determine if any of the FIDCR rules apply currently, and obtain copies of those that do. Federal, as well as state, guidelines apply to centers receiving certain types of federal funds.

CONTENTS

(Include here the list of forms you have filed in this section)

SECTION C

FINANCIAL PLANNING AND MANAGEMENT

Managing money is often the most perplexing problem confronting the day care center director. With no formal training, s/he is expected to keep detailed records of income and expenditures, to project costs, and to prepare budgets and financial statements.

Dr. Karl W. Grube and Mr. Norman Herbert have developed the Standard Reporting System and Accounting System contained in this section. By consistently using such a system, a director should have current accurate information about the center's financial status to use in answering questions to parents, staff or funding sources.

Each center will design its financial recording system to meet its own needs. Often a funding source will require reports using certain account names and designations. The forms and budgeting tips contained in this section can be adapted to meet the differing requirements of various centers.

The cost comparison data compiled by Dr. Grube provides a basis for the evaluation of a center's budget and comparison with other centers. It should be kept in mind that costs will vary across the state and the country.

Accounting assistance for centers may be given by volunteers from the Certified Public Accounting organization in your community. In Detroit, this is the Accounting Aid Society, an organization of professionals and volunteers who donate their time to day care centers. The California Department of Education Child Development Unit will provide a free accounting manual to California centers. Local industries may also provide assistance as part of their community service programs. Accounting students from a nearby college may be a source of help.

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2. A Standard Reporting System for Annual Expenditures and Revenues Related to Early Childhood Administration..... C-13

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1. Some Tips on Budgeting

Esther R. Buch
July 1977

The "Budget" may loom as a silent dragon to day care center directors, threatening to devour the precious time, sanity, and self-esteem of a person who would prefer to deal with the concerns of children, families, and staff. It certainly can feel that way to an early childhood educator, but it need not. A budget is merely a financial plan for a center, and like the program plans made by teachers, is one's best and most considered estimate of what will and should happen. Some flexibility for responses to changing conditions needs to be built-in.

Budgets for most businesses are prepared on a yearly basis, and I suggest that this be done for centers as well. Some costs and income are fixed and are the same each month; others vary. A yearly forecast allows a director to plan for large expenses and can prevent financial crises. Of course, certain programs that function on a semester or quarterly basis will be exceptions to this rule, and must budget accordingly.

When constructing a budget, remember that it should be as accurate a plan as possible. Your past year's figures are most important. When preparing the first budget for a new center, it may be helpful to contact other centers nearby to ask if they will share some of their past experiences. Try to learn about economic trends and predictions for your community and relate this to your projections.

Accounting is the process of recording how money is being received and spent, and allows you to determine if your budget plan is accurate or in need of revision. Accounting records should be detailed enough so that you can readily find any information you might need for any source: parents, government taxes, licensing, or an agency you are asking for funds. It will keep you aware of your cash flow, and help make sure you have enough money in the bank at all times to meet your bills!

The procedure for making budget changes in mid-year varies, depending on your management patterns. If you are the owner and make the decisions, it is a matter of adding, subtracting, and making a revised plan yourself. If a Board makes the decisions, they will have to be presented with the facts and will vote on changes - before you exceed the budget for a category! If an outside agency gives you funds in certain categories, going to them for changes will probably be even more complicated, although within categories you may have some flexibility. It is important that you understand whatever system your center uses, and follow it appropriately.

The tips that follow are general, and are not meant

to be conclusive on any topic; therefore, the budget worksheet form is not designed to be all inclusive. However, categories in the Expenditure section are representative of all major items important to budget projections.

A budget lists all expected money transactions. In addition, there may be a brief narrative, or justification, which explains some items and indicates how certain figures were calculated. The latter may be used in a presentation to an agency when requesting funds. It is also helpful to keep a final, organized, accurate, set of notes to yourself about how you predicted the figure for each item.

The budget is divided into two categories: income and expenditures. Income involves the money received: e.g. tuition, grants, federal subsidies, food reimbursement programs, and donations. Expenditures include money paid out for items such as salaries, utilities, equipment and food, and for depreciation. A functional budget is one which items are cross-referenced; that is, items are listed by category and also by the program service function they perform. Dr. Karl Grube's materials, pages C-13 to C-16, explain this concept.

A funding source will often dictate category numbers and items. Dr. Karl Grube and Mr. Norman Herbert have developed the functional budgeting and accounting system included in this Kit. As always, each center's needs are different, and you will have to determine if this method fits your center. All account numbers referred to in examples in this discussion use this system contained in Section C.

BUDGET FORMS AND FINANCIAL REPORTS

A budget form is just a kind of list, like the kind of form you might ditto off for teachers' lesson plans. At the left of the form (see example page C-11), account numbers and names are listed by topics and subtopics. At the right are one or more columns of dollar amounts to be entered for various time periods. When budgeting for next year, the column headings at the right might be "Current Year," "Next Year," and "Percentage + or -." When reviewing the current year's budget, the column headings might be "Total Budget," "Year to Date," "Current Month," and "Left to Spend." If you ditto off a supply of forms with your account names and numbers, and columns drawn in but not labelled, you will have worksheets available whenever you need to do budget work.

Financial reports are presented for various reasons. Centers with Boards often prepare a financial report for each Board meeting, including a budget form which shows current month, year-to-date, and yearly approved budget amounts. A complete financial report would also include a statement of all assests and liabilities, a total "cash flow" statement for the month, and current balances in all bank accounts. The Balance Sheet, page C-45, is an example of such a form.

The following tips are meant to help a day care center director in projecting a future budget. Percentages in your state may be different, or they may change. It may be helpful to file in this section of the Kit your own notes and reminders to yourself about how to figure various items in your budget. All possible categories are not covered here; only those where we have found some useful tips have been included.

INCOME

1. Tuition

It is best and most accurate to estimate tuition income on the average number of children in attendance, or paying tuition, for a certain time period, rather than licensed capacity or enrollment. In projecting a yearly budget, take into account any differences in enrollment patterns over the summer or holiday seasons. Note a rise in the consumer price index to see if a tuition raise is indicated.

2. Government Monies

Keep in touch with the latest regulations relative to eligibility for day care aid. Be aware of projected changes in subsidies or reimbursement rates. These changes can affect your planning.

EXPENDITURES

I. Personnel

Salaries for regular employees and substitutes, and fringe benefits make up the large category called Personnel. This will be your largest expenditure, probably from 65-80% of your total budget. Within this category there is usually a bit of flexibility because of new employees and terminations, but the total figure is usually somewhat fixed. Therefore, in figuring a cost for the year, it is most reasonable to estimate costs by position, not person. Each position should have a salary range. If you expect that a person may terminate, plan enough flexibility so that you can hire a person at a higher salary if you wish. If your policies are such that new employees begin at the bottom of the salary scale for that position, budget as though your current employee will remain all year. If raises are given throughout the year at fixed times, don't forget to budget for these for the appropriate amount of time. Make sure you have budgeted enough money to cover increases pending in the minimum wage.

A. All salaries should be figured on a yearly basis. To find this figure for regular emplyees who are not on a yearly salary:
   1. For monthly salaried employees, multiply monthly salary by number of program months, 12 for full-year program, 9 or 10 for school-year program.
   2. For weekly salaried employees, multiply weekly salary x number of weeks (52 for full-year).
   3. For hourly employees, multiply salary/hour x hours/week x weeks/year (52 for full-year).

B. Substitute Costs

If regular emplyees receive paid sick, vacation, or leave time, **and substitutes** are hired to take their places, you must budget for this expense.

1. Vacation time--Assume all employees will take all their time. Budget substitutions according to the following formula:
   Number of employees x number of hours of vacation time each x salary/hour for substitutes = $.
2. Sick time-- You can budget for the average amount of sick time taken by each employee, but it's safer to assume they'll all take all their time. The formula is:
   Number of employees x number of sick days x number of hours/day x salary/hour for substitutes = $.
3. Other kinds of leave--Be sure to include enough money for substitutes for educational leave, emergency leave, maternity leave, or any other leave you may pay for regular employees. If leave is without pay, the cost of substitutes will be covered by the amount you have already budgeted for the regular employee's salary.
4. In-service training costs--If you hire substitutes to care for children while regular staff are at staff meetings, at conferences, or visiting other centers, don't forget to include these costs.
5. Parent meetings--If you ever pay substitutes or regular staff to care for children during parent-teacher conferences or board meetings, etc., be sure to budget their salaries.

C. Fringe Benefits and Payroll Taxes

It is possible to be fairly accurate in this category by taking a percentage of your total salary expense for fringe benefits and payroll taxes, usually 15-20%. If you wish to be more accurate, however, the following tips may be helpful.

1. FICA
   You don't have to budget extra for federal and state taxes, since the money for these comes out of the employee's wages, but you do have to budget to match the employee's share for social security. See page D-28 for the table to determine the current amount. Most day care center employees never reach the maximum, so it's reasonable to take just the percentage of the total salary figure.

2. Unemployment Compensation
   Check with the state agency in charge of this to see if you must pay into this fund. Usually a percentage of the total salary expense up to a certain limit for each employee will be determined. You may pay the amount to a private insurer or to a state fund, depending on the regulations in your state.

3. Worker's Compensation
This is a type of insurance that compensates employees for expenses and lost time due to injuries incurred at work. The amount paid is a salary percentage for each employee, but varies according to job classification. Teaching and administrative salaries are taxed at a lower rate than kitchen and maintenance staff, since the latter have duties that are more likely to be dangerous. Check with your state employment service to find out the rate for the next year in various categories. This money may be paid directly to a state fund, or to a private insurer in some states.

4. Benefits
Include health and life insurance, retirement funds, and any other benefits the center pays for or contributes to. Health care costs keep rising, so check with your insurer to find out the proposed rate for the coming year.

II. Building Occupancy Costs (about 8-12% of your annual budget)

A. Include rent or mortgage payments and interest. Figure on a yearly basis for your budget. If you pay rent over the summer, but your program is not in operation, don't forget to budget for it! If you receive rent free, from a church or other community organization, be sure to record that amount as an in-kind donation. For an equivalent amount to record, find out from a realtor what similar space would rent for in your community. You may have to estimate your total square footage to do this.

B. Maintenance Costs
Budget for preventive maintenance and replacement of equipment. Allow enough for a major item if you think it will be needed soon, such as a new roof or or repaving the driveway, if you own the building and will bear these costs. In any case, you should know what services are provided by the city or your landlord, and which you will need to pay for. Some items to consider are: lawn care, tree trimming, snow removal, trash removal, and pest control. If some companies give you a reduced rate for services, or parents perform some of these services, be sure to record the difference as in-kind services for your records.

C. Utilities (heat, electricity and water)
Energy costs continue to rise, and water costs may not be far behind. In planning the next year's budget, call your gas, oil, and electric companies and ask them what percentage to add to this year's figure. You might then want to contact a large concern in your area such as a university or the public school system to see what percentage increase they are projecting.

III. Food Costs (about 10-12% of your annual budget)

The cost of food continues to rise as well. Be sure to be prepared for this. Usually a percentage increase over the current year's budget will be accurate. Your local Cooperative Extension Service may be able to help you with this and will also provide tips on nutrition and menu planning. You can also figure cost/child/day for food, but that will vary from day to day because of menu and enrollment.

IV. Supplies

Try to budget some money for new toys and materials, both for the children's development and the staff's morale. Teacher-made materials are often quite good educationally, but sometimes a commercial product helps provide variety in an all-year, all-day program. It really helps if there's a bit of extra money budgeted beyond replacements and necessities, especially for the long winter months. Supplies are generally consummable materials such as paint, paper and food, or items under $150 which would not be depreciated.

V. Communications (may be subcategories of supplies in some budgets)

A. Telephone
For safety, and by law in some states, you must have a regular (not pay) phone available in the center at all times. As a business, a day care center will have to pay business rates, but if you are tax-exempt, you may not have to pay the telephone tax. The phone company will tell you what each component of the service you have costs. Try to compare the costs of various options and their importance. If you have two lines, is it cheaper to have them on one phone with buttons, or on two separate phones? What is more convenient, and how much is the convenience worth? How many extensions do you need?

B. Postage
These rates often increase although there is usually some advance notice.

VI. Transportation (about 7-10% of your annual budget)

A. If you own a bus, you will include payments on a loan, interest, maintenance costs, and gasoline.

B. If you lease a vehicle, the following formula wil help:
Miles/day x rate/mile x days/week x weeks/year = $.

C. If you reimburse staff for mileage when they drive their own cars on center business, you must figure the total number of miles/year x rate/mile. The rate per mile varies from 10-20¢. One way to find a fair figure would be to use whatever figure the federal government is cur-

rently using for its employees. You could also just reimburse employees for gasoline, but this is not as fair since it does not include insurance, maintenance, and depreciation on their vehicles.

D. Costs for salaries of drivers and insurance are discussed elsewhere, but you can figure cost/child/year for transportation services, if you should want to include them.

VII. Equipment

Only the equipment items that will last less than one year or cost less than $150 are to be budgeted as expenses. Any items which exceed $150 or have expected life of two or more years should be recorded on the books as an asset.

VIII. Depreciation

For those items recorded as an asset (buildings, equipment, major improvements, furniture, etc. having an expected life of more than one year), the use of that asset for the year is recorded as depreciation expense. In this, way, the cost of an item is charged off to expenses on an annual basis over the full period of the useful life of the item instead of recognizing the expense in its entirety when initially acquired. IRS Form 4562 is used with your federal taxes and should be consulted for accurate depreciation allowances. The Straight-Line method is used most frequently. It reduces the cost of an item evenly over the number of years. The formula is:

$$\frac{\text{\$Cost}}{\text{Estimated Life, in years}} = \text{Annual Depreciation Rate}$$

***

Most of the other categories you might include in your budget are items that you are aware of, or the costs are fairly evident. For a complete listing of categories, see the Accounting System included in this section. The Accounting System and Standard Reporting System also include one method for determining categories and subcategories for costs. All items should fall into one category or another, or a director should be able to label a new category. A budget should contain sufficient categories so that costs for services can be readily determined, but not so many that it is unwieldy. For example, paste and paint for children's art projects can both fall into a category labelled "Children's Art Supplies--Consummable," but scotch tape for office use should be in a separate category. If these supplies come from the same vendor, it is helpful to record the costs separately as soon as the bill is paid.

For help in developing your budget, do not overlook the opportunity to involve your staff members. They are concerned

about the financial status of the center, and will be more understanding if they have helped develop the budget. If you have an accountant, treasurer, or financial officer, be sure to include him/her in your planning.

In order to keep an accurate estimate of actual cost and the total cost of the care you provide, it is important to list what is free. These are known as in-kind services and dollar amounts should be assigned to donations of time or materials to the center. Since no dollars actually change hands, you may want to keep the accounts of in-kind services separately It is important to note the service or material, date, by whom, an assigned cost, and in what category you would include it if you were to purchase the material or service. Volunteer time should be recorded at the rate you'd pay a person of similar background if s/he were on your payroll. For professional consultants from a community agency, include their time and expenses at the local rate for a private professional in that field in your community. (See sample form, below.)

SAMPLE RECORD FORMS FOR IN-KIND SERVICES

(Category numbers reflect recommended accounting procedures detailed in this section)

For People:

DATE	NAME	CATEGORY	TYPE OF WORK	HOURS	FEE/HOUR	TOTAL
7/8	S. Worker	500.4	Social Work Consultant	3	$15	$45
7/9	Z. Aide	500.1	Teacher	4	$ 3	$12
7/9	S. Story	500.1	Librarian	1	$10	$10

For Things:

DATE	NAME	CATEGORY	ITEMS	COST
7/9	S. Mom	575.5	6 plastic containers for food storage	$ 1
7/12	C. Paper Company	575.1	Large paper scraps--2 boxes	$16

NAME OF CENTER DAY CARE

BUDGET WORKSHEET FORM

		This Year's Approved Budget	This Year's Actual Budget	Next Year's Proposed Budget	Percentage Change + or -
INCOME					
400.0	Tuition				
401.0	Registration				
430.0	DSS				
	etc.				
EXPENSES					
	Salaries				
500.1	Teaching				
500.5	Food Service				
500.7	Administration				
500.8	Custodian				
500.9	Bus Driver				
	Supplies				
575.1	Teaching				
575.4	Health				
575.7	Office				
575.5	Food				
	etc.				

A current financial statement might include a budget form with headings such as the following:

	19__ Approved Budget	Year-to-Date	Current Month	Total

CARE COSTS PER CHILD

In setting tuition and fees, comparing costs with other programs, and explaining your program to parents and community representatives, it is helpful to know the cost of care for each child, per day, or per hour. If all the children come for the same number of hours, or if the difference is not critical, or if the charge is by the day, then cost/child/day is probably sufficient. If some children come part-time and some full-time,

you will probably want to know cost/child/hour. It is tempting to use the following formula:

$$\text{Cost/child/day} = \frac{\text{Total annual budget}}{\text{Licensed capacity x days of program operation/year}}$$

However, this is inaccurate, since a center never has its total licensed capacity present every day of operation. Another option would be:

$$\text{Cost/child/day} = \frac{\text{Total annual budget}}{\text{Average enrollment x days of program operation/year}}$$

This is fairly accurate if children who are enrolled pay tuition even when absent. It can be argued that staff are hired and paid, and food ordered, whether or not a child is sick. However, if tuition is not charged when children are absent, the best formula to use would be:

$$\text{Cost/child/day} = \frac{\text{Total annual budget}}{\text{Average daily attendance x days of program operation/year}}$$

It may take a bit of calculating to use attendance records in figuring average enrollment or attendance, but it will produce a much more accurate figure.

To figure cost/child/hour, you will need to know the total number of hours each child attended the center in a year, or the total number of children who attended each day and for how many hours. If you charge by the hour or have sign-in and sign-out time sheets, this will be helpful. If you charge by the day or half-day, you can assign hour designations to each of those and figure a total by using attendance records. Remember that hours in which a meal is served are more expensive. The formula is:

$$\text{Cost/child/day} = \frac{\text{Total annual budget}}{\text{Average daily attendance x average hours/day/child x number of days/year}}$$

It may also be helpful to add to your total annual budget amount the value of in-kind services received over the year. You can then figure cost/child/day or hour this way as well, and compare what you've spent with what it would cost to provide care without these donated services.

You may also wish to find out the cost/child/day of various aspects of the program such as food service or transportation. The formula is:

$$\text{Cost/child/day} = \frac{\text{Total yearly cost of Service A*}}{\text{Average number of children x days/year}}$$

*Include salaries, materials, maintenance, etc.

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2. A STANDARD REPORTING SYSTEM FOR ANNUAL EXPENDITURES AND REVENUES AS RELATED TO EARLY CHILDHOOD ADMINISTRATION

An annual system of functional reporting simply concentrates on reporting the operating costs by program or service function for EARLY CHILDHOOD CENTERS. Essentially, functional reporting is an end product of functional accounting; however, it is not a pre-requisite to establish a functional reporting system. Functional Accounting implies a method (1) of structuring accounting books of entry and general ledger, or (2) of using a subsidiary ledger to facilitate the accumulation and allocation of revenues and expenditures by program and service function.

The implementation of a standard fuctional reporting system for operating expenses and income permits directors, administrators and funding agencies to analyze income and expenditure data for the specific purpose of isolating management and fiscal problems before serious incursions affect daily operations. This system also allows for insight into two additional management areas: (1) the nature of fiscal changes that occur within funding agencies, institutions and private sectors, and (2) the legal ramifications associated with major legislative changes and their applicable rules, guidelines and interpretations.

Accordingly, a standard reporting system for revenues and expenditures recognizes six (6) mutually exclusive program service functions for EARLY CHILDHOOD CENTERS:

_____ 1. EDUCATION & SUPERVISION

_____ 2. SPECIAL SERVICES

_____ 3. STAFF DEVELOPMENT

_____ 4. HEALTH SERVICES

_____ 5. FOOD SERVICES

_____ 6. PARENT & COMMUNITY SERVICES

In order to facilitate the implementation of the six (6) program service functions of an EARLY CHILDHOOD CENTER, three support service functions are recognized:

_____ 7. ADMINISTRATION SERVICES

_____ 8. BUILDING OCCUPANCY

_____ 9. TRANSPORTATION

PROGRAM SERVICE FUNCTIONS OF QUALITY EARLY CHILDHOOD CENTERS

1. EDUCATION & SUPERVISION COSTS
   Teaching salaries
   Fringe benefits
   Classroom equipment & repair
   Consultants
   Classroom consumables: paper, paint
   Housekeeping: paper, towels
   Linens: sheets, blankets
   Evaluation fees
   (In-kind Services)

2. SPECIAL SERVICES COSTS
   Psychological, social work, mental
   Child evaluation
   Consultants, special education
   (In-kind Services)

3. STAFF DEVELOPMENT COSTS
   Consultant
   Staff: advise employees on educational opportunities
   Course funds
   Textbook & supplementary materials
   Workshop funds
   Conference funds
   Staff library, films, A-V equimpent
   (In-kind Services)

4. HEALTH SERVICE COSTS
   Nurse: usually public health
   Dental or physical services
   Inoculation Program
   Health supplies: standard kit law
   (In-Kind Services)

5. FOOD SERVICE COSTS
   Two snacks/meal/day (95¢)/child/day
   Staff & fringes
   Food equipment
   Paper supplies
   (In-Kind Services)

6. PARENT & COMMUNITY SERVICE COSTS
   Parent coordinator
   Travel center for meetings
   Babysitting while parents at meeting
   Meeting supplies, food, paper
   (In-Kind Services)

SUPPORT SERVICE FUNCTION OF EARLY CHILDHOOD CENTERS

7. ADMINISTRATION SERVICE COSTS
   Salaries, fringes
   Office supplies
   Telephone
   Xerox
   Accounting, audit
   Insurance
   Postage, paper
   (In-Kind Services)

8. BUILDING OCCUPANCY COSTS
   Rent
   Utilities
   Repair
   Equipment
   Property taxes
   (In-Kind Services)

9. TRANSPORTATION COSTS
   Staff travel
   Children travel
   Bus lease or payment
   Gasoline, oil, repairs
   Insurance
   Drivers' salaries, fringes
   (In-Kind Services)

EARLY CHILDHOOOD ADMINISTRATION

BUDGET ANALYSIS

A balanced fiscal program of revenue receipts and expenditure allocations is a pre-requisite for successful operation of an EARLY CHILDHOOD CENTER. Basic cost analysis of your internal child care operations can insure a quality program for young children as it relates to your present and future financial resources. In order to assure a quality program as related to your financial resources, the following budget categorization and computations (budget priorities) are suggested.

EARLY CHILDHOOD CARE COSTS BY FUNCTIONAL CATEGORY

CATEGORIES	TOTAL COST	PERCENT OF TOTAL INCOME	COST/CHILD/ DAY	COST/CHILD YEAR
PROGRAM SERVICE FUNCTION				
1. Education & Supervision				
2. Special Services				
3. Staff Development				
4. Health Service				
5. Food Services				
6. Parent & Community Service				
SUPPORT SERVICE FUNCTION				
7. Administration				
8. Building Occupancy				
9. Transportation				
TOTALS.....				

3. An Accounting System

Norman Herbert*

Accounting, often referred to as a business language that many are confused by, is a very important aspect of the administrator's responsibilities. A director should become familiar with the accounting system employed at the center for it will increase his/her understanding of the business side of the operation and allow for a more informed decision-making process. How much does it cost to run a Day Care Center per day per child? How much revenue is needed to cover expenses? What should tuition be? The answers to these questions, as examples, depend in part on accounting information.

The process of communicating financial-business information as a basis for making decisions, is described as accounting. In addition to all of the other varied responsibilities, a day care director functions like a business manager, in those operations which are not controlled by some central office or an owner responsible for the decision making. A Board controlled operation, for example, may delegate to the director the responsibility for "running the show." The director must be familiar with the accounting information which is to be used as a tool for planning and controlling the activities of the Child Care operation. No director is interested in destroying a good program because of poor financial management; specifically, it is important to be able to anticipate revenue so that expenditures can be planned and controlled. The Day Care Program relies heavily on teachers, and the dedication and commitment of our teachers has a limit. If, for example, a teacher were informed that a paycheck was not forthcoming for his/her services due to lack of funds, the program would suffer and perhaps eventually be destroyed.

The accounting information showing the operating results is needed for support and credibility in dealing with parents responsible for tuition and/or outside agencies that also provide support. The agencies or foundations to which applications are submitted depend on the information provided from the accounting system. The questions

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asked by prospective supporters or donors require a knowledge of the financial situation, and this information is sometimes called for with very little warning. The accounting system of an organization is a reflection of the operation and it is important that it be administered responsibly.

An Accounting system then is:

a) a systematic record of the business transactions, in monetary terms; an orderly description of the operation's resources, their source, and the way in which these resources have been used. Cash is received and spent, goods are acquired and services are provided - these are all recorded. (The bookkeeping is the actual process of recording the transactions which tends to be mechanical and repetitive and only a small part of the accounting function.)

b) a systematic classification of the activities into categories; sorting the mass of revenue and expenditure transaction data into a compact and practicable form; the functional reporting of the operating costs segregated by program or service functions for child care centers as introduced by Dr. Karl W. Grube.

c) the summarization of the data recorded and classified; a concise position statement derived from the detailed records that are maintained. The reports should be meaningful to the constituents receiving the information. A report will also include the financial activity that occurred to lead the operation to its current position.

Those responsible for the operation of a Child Care Center must understand the accounting information, how the reports are pulled together and their significance; the relationship between the event and financial result; and the impact of alternatives. A review of the financial reports of previous years tells a story; they show trends or patterns that shed some light on what might be expected.

The use of the Trial Balance (Exhibit I) should be a good point from which to start. It is really the end product, but what it provides is the type of information that a director or management,

parents and outsiders would want. The trial balance combines both a balance sheet and the income statement.

The balance sheet's (Exhibit M) purpose (the asset and liability portion of the trial balance report) is to show the financial condition of an operation as of a particular date. A balance sheet should be prepared at least at year end and preferably monthly. Any statement sets forth (1) the center's name (2) the name of the statement, (e.g. trial balance, balance sheet, or income statement) and (3) the date of the statement.

An income statement (Exhibit L) (revenue and expense portion of the trial balance) shows the amount and kind of revenues and expenses and the resulting net income (or net loss). This too can be done on a monthly basis or at a mimumum, at year-end.

To assist you with gathering the information necessary for preparing the trial balance, the accounting system that I've designed uses the following forms that may be found on pages C-32 to C-45:

a) Chart of Accounts (Exhibit A)
b) Tuition Bill (Exhibit B)
c) Individual Tuition Record (Exhibit C)
d) Income Record (Exhibit D)
e) Disbursement Journal (Exhibit E)
f) Payroll Records (Exhibit F)
g) Functional Budget Report (Exhibit G)
h) Cash Journal (Exhibit H)
i) General Trial Balance and Budget Report (Exhibit I)
j) Bank Reconciliation (Exhibit J)
k) Year-end closing journal (Exhibit K)
l) Income statement (Exhibit L)
m) Balance Sheet (Exhibit M)

Chart of Accounts (Exhibit A)

is an index of the accounts used for the accumulation of management information that relates to the financial transactions of the organization. The financial records maintained are the basis for the preparation of various reports to be submitted to management, all constituents and outside agencies.

The accounts are numbered systematically and reflect the asset, liability, equity, revenue or expense classifications and relationships. The account numbers contain four digits. First digit at the left indicates the main classification as shown below:

1---Assets and related accounts
2---Liabilities
3---Owners equity
4---Income
5---Operating expenses
6---Closing account

The fourth digit indicates the subclassifications and relates to the program service function categories:

---.1 Education and supervision
---.2 Special services
---.3 Staff development
---.4 Health services
---.5 Food services
---.6 Parent and community services
---.7 Administration services
---.8 Building occupancy
---.9 Transportation

Tuition Bill (Exhibit B)

is a statement sent to the family for the service provided. It shows the amount receivable. The tuition bill could be sent out at the start of a semester, monthly or weekly.

When practicable, it is also helpful to list on the bill some of the policies regarding tuition payment.

Individual Tuition Record (Exhibit C)

is a ledger of the balance receivable maintained for each family. All of the family transactions are recorded on this statement. It shows the balance receivable at the beginning of the period, the charges for services during the period (weekly, monthly or by semester), the receipt of payments, and the balance receivable at the end of the period.

Income Record (Exhibit D)

is a ledger maintained for the organization to reflect the receipt of all payments, cash or checks and the revenue classification. The record also shows the disposition of those receipts, namely bank deposits.

Disbursement Journal (Exhibit E)

all payments of cash are recorded. Among the more common of these transactions are payment of operating expenses, and purchases of merchandise.

The cash column is generally first because it is the column used in every transaction. Good internal control over cash disbursements requires that all payments be made by check. A petty cash fund is not advised. The checks should be serially numbered and as

each transaction is listed in the column provided it provides an unbroken sequence of check numbers. This gives assurance that every check issued has been recorded in the accounting records.

The posting of the cash disbursement journal falls into two phases:

(1) the individual debit and credit entries to the appropriate accounts (columns).

(2) at the end of the month the columns are totaled. Debits must equal the credits.

After the accounts are found to be in balance, the monthly totals are transferred to the Functional Budget Report (Exhibit G).

Payroll Record (Exhibit F)

A payroll record for each employee should be maintained. An employer is required to maintain records which show for each employee, the name, address, social security number, total compensation due and the amount of the employee's tax deducted. The law specifies that every employer withholding taxes must furnish the employee with an annual statement on or before January 31 of the succeeding year which shows the total social security tax withheld.

The amounts shown in the gross wages, F.I.C.A. withheld, income taxes withheld, health insurance premium withheld, and net pay (cash) columns are also recorded on the disbursement journal (Exhibit E).

At the end of each quarter the columns are each totaled and the gross wages should equal the total of the other columns. The total quarterly gross wages is reported on Form 941, Employer's Quarterly Federal Tax Return, which is filed quarterly.

Cash Journal (Exhibit H)

is a ledger used for controlling the organization's cash position. The receipts of cash and checks shown on the Income Record (Exhibit D) are deposited to the Bank. The total of the periods deposits is posted to the Income received column and a cumulative total is maintained for the fiscal year. This total should correspond to the Bank Deposit Cumulative recorded on Exhibit D.

Similarly, the cash disbursements from the Cash Disbursement Journal (Exhibit E) is reflected on this schedule and a cumulative total is maintained.

The difference between Income Received and Cash Disbursements represents the cash balance on hand.

General Trial Balance and Budget Report (Exhibit I)

The exercise of verifying that the debit and credit balances are equal is a Trial Balance. A trial balance is a two-column schedule listing the names and balances of the accounts in numeric sequential order. The debit balances are listed in the left hand column and the credit balances in the right hand column. The totals of the two columns should agree which is an indication that equal debits and credits have been recorded for all transactions.

The trial balance is really a working paper to be used for the preparation of financial statements intended for distribution to others. The balance sheet and income statement for example can be prepared from a trial balance.

The Balance Sheet (Exhibit M)

is a statement which shows the assets of the organization, its liabilities, and the owner's equity. This information is required to be able to show the financial position of the organization on a certain date.

As said before the elements that make up a balance sheet are: assets, liabilities, and owner's equity.

Assets are things of value owned; these things may have value because they:

1) have purchasing power (cash)
2) can be sold
3) entitle the organization to receive money (accounts receivable)
4) provide the organization with some potential benefits (a piece of equipment for the children to use)

Liabilities are debts; amounts owed to others (taxes payable)

Owner's Equity is the excess of the assets over the liabilities; its source can be investments or contributions made by interested parties and earnings. (revenue exceeding the expenses)

A Basic Accounting principle is that the assets of an organization are always equal to the sum of the liabilities and the owner's equity.

Every transaction causes an increase and decrease in assets, in liabilities, and in owner's equity. Accounts have two sides so that increases can be recorded on one side and decreases on the other side. The nature of the account determines the side to be used for increases and the side to be used for decreases.

The left side of an account is called the debit side; the right side is the credit side.

For Asset and Expense Accounts

increases are recorded by debits	decreases are recorded by (credits)

For Liability Accounts, Owner's Equity Accounts or Revenue Accounts

decreases are recorded by (debits)	increases are recorded by credits

Asset and Expense Accounts generally have a debit balance.

Liability Owner's Equity and Revenue Accounts generally have a credit balance.

The recording of each transaction requires debit and credit entries of equal amounts.

Revenue-Income is an inflow of assets in the form of cash.

Expense is the cost of the use of supplies or services which are required to generate revenue.

Retained Earnings - that portion of the owner's equity which is derived from revenue. (Revenue - Expenses = Retained Earnings)

Balance = Difference between debit and credits.

Norman G. Herbert
March 30, 1977

AN ACCOUNTING SYSTEM

Outline

1. Discussion of some common terms.
   (Exhibit A)

2. Tuition Bill sent.
   (Exhibit B)

3. Receipt of tuition payment
   a) Individual Record (Exhibit C)
   b) Income Record (Exhibit D)
   c) Bank Deposits

4. Payments for supplies and services.
   a) Disbursement Journal (Exhibit E)
   b) Receipts
   c) Payroll records (Exhibit F)

5. Month end procedures
   a) Disbursement Journal (Exhibit E)
   b) Function Budget Report (Exhibit G)
   c) Income Record
   d) Cash Journal (Exhibit H)
   e) General Trial Balance and Budget Report (Exhibit I)
   f) Form 501 - payment of F.I.C.A. and Federal Income tax withheld
   g) Michigan Income tax
   h) Bank Reconciliation (Exhibit J)

6. Quarterly Reports
   a) Form 941 (Federal)
   b) Michigan C 3202 (if not monthly)

7. Year end procedures
   a) Annual Report (General Trial Balance and Budget Report)
   b) Form 990
   c) W-2, MI - W2
   d) W-3, MI - W3
   e) Year-end closing journal (Exhibit K)

Common Terms

Chart of Accounts:

An index of the accounts used for the accumulation of information of those transactions that will occur. The financial records maintained are then used for the preparation of various reports. The accounts are numbered systematically and reflect the classifications and relationships.

The account numbers contain four digits. First digit at the left indicates a main classification as shown below:

1---Assets and related accounts

2---Liabilities

3---Owners equity

4---Income

5---Operating expenses

6---Closing Account

Fourth digit indicates the subclassifications and relates to the program service function categories:

---.1 Education and supervision

---.2 Special Services

---.3 Staff development

---.4 Health services

---.5 Food services

---.6 Parent and community services

---.7 Administration services

---.8 Building occupancy

---.9 Transportation

Assets: are things of value owned

Liabilities: are debts; amounts owed to others

Owners' equity: the excess of the assets over the liabilities

Disbursement Journal:	provides a complete chronological record of cash transactions for which a service or supply is received.
Revenue-Income:	is an inflow of assets in the form of cash
Expense:	is the cost of the use of supplies or services which are required to generate revenue
Retained Earnings:	that portion of the owner's equity which is derived from revenue

CR: Norman Herbert

MODEL DAY CARE

CHART OF ACCOUNTS

Account Number	Account Name
	Assets and Liabilities
100.0	Cash
110.0	Utility Deposits
120.0	Buildings
121.0	Accumulated Depreciation - Buildings
123.0	Major Building Improvements
124.0	Accumulated Depreciation - Improvements
130.0	Land
140.0	Major Equipment
141.0	Accumulated Depreciation - Equipment
211.0	Income Taxes Payable - Federal
212.0	Income Taxes Payable - Michigan
214.0	Taxes Payable - FICA Withheld
216.0	Health Insurance Payable - Withheld
217.0	Life and Accident Insurance - Withheld
218.0	Retirement - Withheld
250.0	Loans Payable
270.0	Mortgage Principal - Payable
300.0	Retained Earnings
301.0	Contributed Equity
	REVENUE -INCOME
400.0	Tuition
401.0	Registration Revenue
410.0	Donations
420.0	Food Reimbursement
430.0	Government Grants
440.0	Fund Raising Activities
460.0	Work Study Reimbursement
480.0	Miscellaneous

Account Number	EXPENSES
500.0	Salaries Expense
500.1	Teaching Salaries
500.5	Kitchen Salaries
500.7	Administration Salaries
500.8	Janitor Salaries
500.9	Transportation Salaries
510.0	Repairs and Maintenance
510.1	Classroom Equipment & Repair
510.5	Kitchen
510.8	Building & Grounds
530.0	Payroll Taxes
530.1	Teachers
530.5	Kitchen
530.7	Administrative
530.8	Janitor
535.8	Mortgage Interest Expense
535.8	Rent
545.0	Depreciation
545.1	Classroom Equipment
545.5	Kitchen Equipment
545.8	Building
545.85	Building Equipment
545.9	Transportation Vehicle
556.0	Licenses and Fees
560.0	Insurance
560.1	Education & Supervision
560.5	Food Services
560.7	Administration Service
560.8	Janitor
560.9	Transportation

565.0	Professional Fees
565.1	Education & Supervision
565.2	Special Services
565.3	Staff Development
565.4	Health Services
570.7	Telephone
572.8	Utilities (Gas, Electric, Water)
575.0	Supplies
575.1	Education & Supervision
575.3	Staff Development
575.4	Health Services
575.5	Food Services
575.6	Parent & Community Services
575.7	Administration Service
575.8	Building Occupancy
575.9	Transportation
580.0	Equipment
580.1	Education and Supervision
580.4	Health Services
580.5	Food Services
580.7	Administration Services
580.8	Building
580.9	Transportation
585.5	Food
590.9	Travel Expenses
595	Miscellaneous
600	Revenue and Expense

CR: Norman Herbert

Exhibit B

TUITION FALL 1976

Your child _____ is enrolled for the Fall Semester 1976.

Payment is due at the first of each month for that month. Paying for the entire semester at the beginning is preferred but not mandatory.

THERE ARE 16 WEEKS IN THIS SEMESTER.

Weekly schedule for your child _____

Weekly Fee _____ Income level _____

Monthly tuition fee: Sept. _____
Oct. _____
Nov. _____
Dec. _____

Registration Fee (If new to the center) _____

TOTAL SEMESTER TUITION FEE: _____

A REMINDER REGARDING FINANCIAL POLICIES

1. The total tuition for this semester should be paid by the end of this semester if you wish your child to be re-enrolled for the next semester.

2. If you permanently withdraw your child from the Center, at least two weeks notice must be given. If no such notice is received, you are responsible for the two weeks' tuition after withdrawal.

3. Families whose incomes are at level #4 ($33.50/week for full time) or below will automatically be granted a 25% reduction in fees for a second child enrolled. Families at higher levels of income must request such a reduction to be granted only after consideration of the Center's overall financial status.

4. The lunch rate for children coming half day is $1.00. Whole day rates (other than FT) are computed as 2 half days with no charge for lunch.

Sliding scale:

INCOME	FT/WK	5 AMS OR 5PMS/WK	HALF DAY
$0 - 4,999	$ 25.00	$ 13.00	$2.75
5 - 5,999	27.00	14.25	3.00
6 - 7,999	30.00	15.75	3.35
8 - 10,999	33.50	17.25	3.70
11 - 14,999	38.00	19.50	4.20
15 - 19,999	41.00	21.00	4.55
20 - 25,999	43.00	22.00	4.80
26,000 and over	45.00	23.00	5.00

NOTE: The Center will be closed Monday, September 6, November 25 & 26 and the week between Christmas and New Year's, Monday, December 27 to Friday, December 31. It will be open December 24.

CR: Norman Herbert - Sample form from Community Day Care and Preschool, Ann Arbor, MI

Exhibit C

MODEL DAY CARE
Individual Tuition Record

Family Name: _____ Fall | Winter | Summer A | Summer B

Address: _____ W'kly fee: _____

Phone No.: _____ Semes.fee: _____

Date Enrolled: _____ Registration Fee: _____ Income Level: _____

Date	Tuition Charge	Drop In	Prev. Balance	Total Due	Amount Paid	Ck. #	Past Due	Remarks

CR: Norman Herbert

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Exhibit D

MODEL DAY CARE

Income Record

Prepared By (Initials) Date

Approved By

_____ 19__

Date Rec'd / Ck.#	Check from	1 Tuition 400.0	2 Registration 401.0	3 Other Acct. #	3 Other Amount	5 Total Receipts	6 Bank Deposit 100.0
Previous Yr. to date Totals				410.0			
				440.0			
				460.0			

Used to record the dates on which payments are received, could be cash or checks. Record from whom the check has been received, their check number and the amount in the appropriate column. For each period, could be a day or a week, total up each column, add each of the columns (1, 2 and 4) and record on (5) the Total Receipts. The Bank Deposit will be the amount of total receipts, whether for one time period or a combination.

At month end each of the revenue accounts (column 1, 2 and those listed in 4) are totaled, as well as the Bank Deposits (column 6). Columns 1, 2, and 4 will equal 5 and 5 will equal 6 if all the receipts are deposited.

The total of each separate revenue account is then added to the previous year to date total and recorded on the General Trial Balance and Budget Report. (Exhibit I)

Monthly Totals

plus: Previous Yr. to date totals

= Yr. to date Totals

CR: Norman Herbert

Exhibit E (1)

MODEL DAY CARE

CASH DISBURSEMENT JOURNAL

FOR MONTH OF

CHECK #	DATE Mo.	PAYEE	CASH (100)	Taxes Pay. F.I.C.A. (214)	Income Taxes. Federal (211)	Mich. (212)	Ins. Pay Health (216)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21		Note: Pages 35a, b, and c should be attached to form one wide page.					
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Salaries 500	Repairs & Maint. 510	Payroll Taxes 530	Rent 535	Depreciation 545	Insurance 560	Professional Fees 565	Telephone 570	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
								11
								12
								13
								14
								15
								16
								17
								18
								19
								20
								21
								22
								23
								24
								25
								26
								27
								28
								29
								30
								31

Utilities 572	Supplies 575	Equipment 580	Food 585	Travel Expense 590	Misc. 595	OTHER Acct. #	Amt.

CR: Norman Herbert

MODEL DAY CARE
Payroll Record for 19___

Empl. Name:_____ Soc.Sec.#:_____ Sing. or Married
Address:_____ Date of Hire:_____ Exemptions:_____
Pay Rate:_____

Position:_____

			1	2	3	4	5	6
				F.I.C.A.	Income Taxes		Health	Net
Pay Date	Period End.	Hrs. Wkd.	Gross Wages	Withheld (214.0)	Federal (211.0)	Michigan (212.0)	Ins. (216.0)	Pay (100.0)
			500.					

Payroll record is kept for each employee. The law specifies that every employer withholding taxes must furnish the employee with an annual statement on or before January 31 of the succeeding year which shows the total social security tax withheld.

As an employer, you are required to maintain records which show for each employee his name, address, social security number, total compensation due and the amount of the employee's tax deducted. An employer is required to provide the employee with a record of hours worked and the computation for each pay period.

The amounts shown in columns 1, 2, 3, 4, 5 and 6 are also recorded on the Disbursement Journal.

At the end of each quarter, each column is added and the Gross Wages total (column 1) should equal the total of column 2, 3, 4, 5 and 6. The total of (column 1) Gross Wages for the quarter, is then reported on Form 941. The total of all the employees Federal income tax withheld (column 3) is also reported on Form 941. The employer must match the FICA withholding, and that combined total is also reported on Form 941.

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MODEL DAY CARE
Functional Budget Report
_____ 19___

	Education and Supervision (1)	Special Services (2)	Staff Development (3)	Health Services (4)	Food Services (5)	Parent & Community Services (6)	Admin. Services (7)	Building Occupancy (8)	Trans-portation (9)	Total +	Prior to Date Total =	To Date Total
500. (Sal.)												
510. (Repairs)												
530. (Pay Tax)												
535. (Rent)												
545. (Deprec.)												
556. (Lic-Fee)												
560. (Ins.)												
565. (Pro. Fee)												
570. (Tel.)												
572. (Util.)												
575. (Supplies)												
580. (Equip.)												
585. (Food)												
590. (Travel)												
595. (Misc.)												
TOTAL												
+ Prev. to Date Total												
= To Date Total												

The subtotals from the Disbursement Journal (Exhibit E) are recorded in the appropriate column. Adding the columns down provides the program service function totals. Adding across provides a total (column 10) which is the total for each account included on the General Trial Balance and Budget Report (Exhibit I).

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Exhibit G

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MODEL DAY CARE
Cash Journal
_____19___

Date			2 Income Rec'd Bank Dep. 100.0	3 Cash Disbursement (100.0)	4 Balance Forward

At each month end, the total Bank Deposits 100.0 from the Income Record (Exhibit D) is recorded and the total cash (100.0) from the Cash Disbursements Journal (Exhibit E).

The cumulative total of the amount shown under the Bank Deposit (column 2) minus the cumulative total of the Disbursements (column 3) should equal the Checking Account Balance as of the month end - Balance Forward (column 4).

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MODEL DAY CARE
GENERAL TRIAL BALANCE
AND BUDGET REPORT

_____ 19___

Assets and Liabilities	Debit	Credit	Total Budget
Cash (100.0)			
Utility Deposits (110.0)			
Buildings (120.0)			
Accumulated Deprec.-Buildings (121.0)			
Major Building Improvements (123.0)			
Accumulated Deprec. - Improvements (124.0)			
Land (130.0)			
Major Equipment (140.0)			
Accumulated Deprec. - Equip. (141.0)			
Income Taxes Payable - Federal (211.0)			
Income Taxes Payable - Michigan (212.0)			
Taxes Payable -FICA Withheld (214.0)			
Health Ins. Payable - Withheld (216.0)			
Life & Accident Ins. - Withheld (217.0)			
Retirement - Withheld (218.0)			
Loans Payable (250.0)			
Mortgage Principal - Payable (270.0)			
Retained Earnings (300.0)			
Contributed Equity (301.0)			
Total			
REVENUE - INCOME			
Tuition (400.0)			
Registration Revenue (401.0)			
Donations (410.0)			
Food Reimbursement (420.0)			
Government Grants (430.0)			
Fund Raising Activities (440.0)			
Work Study Reimbursement (460.0)			
Miscellaneous (480.0)	60		
Total			

Herman Herbert

EXPENSES	Debit	Credit	Total Budget
Salaries (500.0)			
Teaching Salaries (500.1)			
Kitchen Salaries (500.5)			
Administration Salaries (500.7)			
Janitor Salaries (500.8)			
Transportation Salaries (500.9)			
Total (500.0)			
Repairs and Maintenance (510.0)			
Classroom Equipment & Repair (510.1)			
Kitchen (510.5)			
Building & Grounds (510.8)			
Total (510.0)			
Payroll Taxes (530.0)			
Teachers (530.1)			
Kitchen (530.5)			
Administrative (530.7)			
Janitor (530.8)			
Total (530.0)			
Mortgage Interest Expense (535.8)			
Rent (535.8)			
Depreciation (545.0)			
Classroom Equipment (545.1)			
Kitchen Equipment (545.5)			
Building (545.8)			
Building Equipment (545.85)			
Transportation Vehicle (545.9)			
Total (545.0)			
Licenses and fees (556.0)			
Insurance (560.0)			
Education & Supervision (560.1)			
Food Services (560.5)			
Administration Service (560.7)			
Janitor (560.8)			
Transportation (560.9)			
Total (560.0)			

	Debit	Credit	Total Budget
Professional Fees (565.0)			
Education & Supervision (565.1)			
Special Services (565.2)			
Staff Development (565.3)			
Health Services (565.4)			
Total (565.0)			
Telephone (570.7)			
Utilities (Gas, Electric, Water) (572.8)			
Supplies (575.0)			
Education & Supervision (575.1)			
Staff Development (575.3)			
Health Services (575.4)			
Food Services (575.5)			
Parent & Community Services (575.6)			
Administration Service (575.7)			
Building Occupancy (575.8)			
Transportation (575.9)			
Total (575.0)			
Equipment (580.0)			
Education and Supervision (580.1)			
Health Services (580.4)			
Food Services (580.5)			
Administration Services (580.7)			
Building (580.8)			
Transportation (580.9)			
Total (580.0)			
Food (585.5)			
Travel Expenses (590.9)			
Miscellaneous (595)			
Total			

MODEL DAY CARE
Bank Reconciliation

C-42 Exhibit J

Month of _____ 19___

Checks Outstanding

No.	Amount
TOTAL	

Balance after last paid returned check

less: Deposits Not shown on Statement

plus: Total of Checks Outstanding

equals: Current Balance shown on Statement

CR: Norman Herbert

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Exhibit K

MODEL DAY CARE
Year End Closing Journal
Revenue and Expense
For Year 19___

	400.0	Tuition
	401.0	Registration
	410.0	Donations
	420.0	Milk Reimbursement
	430.0	Government Grants
	440.0	Fund Raising
	460.0	Work Study
	480.0	Miscellaneous
		Revenue

To Close the Revenue Accounts for the year.

500	0	Salaries
510	0	Repairs and Maintenance
530	0	Payroll Taxes
535	8	Rent
545	0	Depreciation
556	0	Licenses and Fees
560	0	Insurance
565	0	Professional Fees
570	7	Telephone
572	8	Utilities
575	0	Supplies
580	0	Equipment
585	5	Food
590	9	Travel
595	0	Miscellaneous
		Expenses

To Close Expense Accounts for the Year.

If Revenue Exceeds Expenses

Revenue
— Expense
= Amount by which Retained Earnings is increased

If Expenses Exceed Revenue

Expense
— Revenue
= Amount by which Retained Earnings is decreased

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EXHIBIT L

MODEL DAY CARE

INCOME STATEMENT

For The Year (Period) Ending _____, 1977

Revenue		
Tuition		_____
Registration		_____
Donations		_____
Government Grants		_____
Fund Raising		_____
Misc.		_____
Total		_____
Expenses		
Salaries	_____	
Repairs and Maintenance	_____	
Payroll taxes	_____	
Mortgage Interest or Rent	_____	
Depreciation	_____	
Licenses and Fees	_____	
Insurance	_____	
Professional Fees	_____	
Telephone	_____	
Utilities	_____	
Supplies	_____	
Equipment	_____	
Food	_____	
Travel	_____	
Misc.	_____	
Total		_____
NET INCOME		_____

CR: Norman Herbert

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EXHIBIT M

MODEL DAY CARE
BALANCE SHEET

_____, 1977

(Audited/Not Audited)

Assets

Current Assets

Cash		
Utility Deposits		
Total Current Assets		

Fixed Assets

Buildings		
Major Building Improvements		
Land		
Major Equipment		
Total Fixed Assets		
less: Accumulated Depreciation		
Net Fixed Assets		

Liabilities - and Owners' Equity

Current Liabilities

Taxes Payable - Federal		
Michigan		
F.I.C.A.		
Health Insurance		
Life & Accident Insurance		
Retirement		
Total Current Liabilities		

Long-term Liabilities

Loans Payable		
Mortgage		
Total Long-term Liabilities		

Owners Equity

Contributed Equity		
Retained Earnings		

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EARLY CHILDHOOD COSTS BY FUNCTIONAL CATEGORY

APRIL, 1975 SUMMARY RESULTS OF 16 MICHIGAN CHILD CARE CENTERS

PROGRAM SERVICE FUNCTION	% of Budget-Cost / Child / Day		Cost / Child / Year
1. Education & Supervision	59.0% - $3.90	67.5% - $4.66	$1053.00 - $1258.20
2. Special Services	.8% - $ .06	1.6% - $ .16	$ 16.20 - $ 43.20
3. Staff Development	.8% - $ .03	1.4% - $ .08	$ 8.10 - $ 21.60
4. Health Services	1.3% - $ .12	5.3% - $ .55	$ 32.40 - $ 148.50
5. Food Services	11.2% - $ .79	13.5% - $1.17	$ 213.30 - $ 315.90
6. Community & Parent Services	.2% - $ .02	10.0% - $1.13	$ 5.40 - $ 305.10
SUPPORTIVE SERVICE FUNCTION			
7. Administration	20.7% - $2.16	27.0% - $2.18	$ 583.20 - $ 588.60
8. Building Occupancy	7.9% - $ .74	9.0% - $ .82	$ 199.80 - $ 221.40
9. Transportation	9.9% - $1.03	14.1% - $1.05	$ 278.10 - $ 283.50

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(THESE DOLLAR COST DATA HAVE BEEN CORRECTED FOR SEPTEMBER, 1976 CONSUMER PRICE INDEX)

Cost / Child / Day = $7.50 - $10.43 ($8.85)

Cost / Child / Year = $2389.50 - $3186.00 ($2787.75)

% Cost / Child Inkind Services = 25% ($597.37 - $796.50) ($696.93)

ELC RESEARCH

EARLY CHILDHOOD COSTS BY FUNCTIONAL CATEGORY
December, 1977

SUMMARY RESULTS OF 10 MICHIGAN CENTERS

PROGRAM SERVICE FUNCTION	270 DAY EARLY CHILDHOOD PROGRAM % OF TOTAL INCOME	COST/CHILD/ DAY	COST/CHILD YEAR
1. Education & Supervision	54%	$ 4.73	$1,277.10
2. Special Services	2%	.18	48.60
3. Staff Development	1%	.09	24.30
4. Health Service	2%	.18	48.60
5. Food Services	7%	.61	164.70
6. Parent & Community Services	1%	.09	24.30
SUPPORT SERVICE FUNCTION			
7. Administration	20%	1.75	472.50
8. Building Occupancy	10%	.88	237.60
9. Transportation	3%	.26	70.20
TOTALS	100%	$ 8.77	$2,367.90

THESE DOLLAR COST DATA HAVE BEEN CORRECTED FOR DECEMBER, 1977 CONSUMER PRICE INDEX INCLUDING (28) VARIABLES RELATING TO THE (9) FUNCTIONAL CATEGORIES OF EARLY CHILDHOOD CARE COSTS.

1977 COST/CHILD/DAY = $ 13.16

COST/CHILD/YEAR = $3,553.20

INKIND COSTS OF DAY CARE = 50% SUBSIDY

KARL W. GRUBE

3112 School of Education
The University of Michigan
Ann Arbor, Michigan 48109

5. Bibliography

Day Care #7
Administration

U.S. Department of Health Education and Welfare
Office of Child Development
$1.25

Finney and Miller's Principles of Accounting
(Business Administration Accounting)
Gentry and Johnson
Englewood Cliffs, New Jersey
Prentice-Hall 1970

SECTION D

CENTER MANAGEMENT

Beyond managing money, there are other business and organizational matters with which a child care center director is concerned. Some of these matters are directly determined by the amount of money available; others are related more to organization, decision-making, and getting things done.

Three model calendars which provide a way of organizing specific tasks have been included. Norman Herbert has devised a calendar of administrative tasks for a model day care center. He has also compiled a list of Federal and State (Michigan) forms, other than licensing, most often required of day care centers, with suggested dates of completion. Most of these are related to taxes. In states other than Michigan, you may want to include your own state's form numbers and due dates. Dr. Karl Grube has developed an entire program of preventive maintenance for early childhood facilities. It includes a model calendar of tasks, as well.

We suggest that a child care center director use these models to formulate an overall center calendar listing tasks that must be performed each week, month, and year. From a general calendar, specific tasks can be assigned to various members of the staff, and calendars developed for them.

Guidelines for purchasing and inventory worksheets are also included. A list of the kinds of insurance a center may need has been developed. Guidelines for Proposal Writing have been identified. Current information on the USDA Food Reimbursement Program and the Michigan DSS eligibility guidelines are included with information about whom to contact. Directors outside of Michigan should insert here data appropriate for their own states. Copies of two kinds of sliding scale tuition schedules based on family size and income are included.

Section D -- CONTENTS

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1. Center Management and Decision Making

Esther R. Buch

Effective management consists of accurate, consistent, workable policies based on a center's goals, and a decision-making process understood by all persons concerned with the center. Child care centers are organized in various ways. Some are controlled directly by an owner who is also the director. In others, the owner is not on the premises, and hires a director to be the chief administrator. In other centers, another agency sponsors the center. In most non-profit centers, a Board of Directors composed of community people and the parents served has the final authority. While the process and people involved in decision-making may differ, the goals and results are the same: to determine policies and procedures that will enable the center to efficiently and effectively serve the needs of children and families. When decision-makers differ on goals, problems occur. Consensus on the goals of the center is necessary for effective management.

Each center's system will uniquely reflect that center. As long as the system works well, it is appropriate for the center. A director must clearly understand who makes each kind of decision and who has advisory input. The director then sets the tone for the whole organization by providing the leadership necessary to move toward decisions that further the center's goals.

Many decisions in child care centers are group decisions. Even when a director owns the center him/herself, there are staff and parents to consider. The involvement of parents and staff members in the making of a decision gives them a stake in its success and improves morale. Their participation must be honestly understood. All parties must agree on the power of the group; whether it decides, or only advises, and what the process is.

Some centers use a system in which staff members or Board committees are directly involved in some administrative tasks and also make the decisions in these areas. Many arrangements to relieve the director of some tasks, and to provide others with different experiences are possible. One center has a director and three teachers who perform administrative duties. Each of these teachers works 2/3 time with the children, and 1/3 time on administrative tasks. One is in charge of staff training, another in charge of health and safety, and the third is responsible for program coordination. These three teachers replace the former assistant director; additional teaching staff were hired to work with the children. This system provides teachers with a less strenuous day with children, and a career opportunity in which they can test out their administrative skills.

In other centers, staff and parents sit on committees to advise the director or Board. In any case, it is necessary for staff members and parents to feel that their concerns have an official method of expression, and that they are heard and considered when decisions are made.

Centers with Boards of Directors, or those with agency sponsors, need by-laws to formally indicate the relationships between the director, the Board, staff, parents, and the community. The HEW Day Care Series, #7, Administration, has examples of by-laws and policies that centers may want to use as guides.

It is important that centers have written policies to avoid confusion and unequal treatment. Outlines of items to include in various policies are located in various sections of this Kit. Policies most centers would need are:

Personnel Policies and Job Descriptions
Operating Policies and Procedures
Parent Responsibilities and what they may expect from the center (usually found in a Parent Handbook)
Health Manual (including emergency procedures)
Program Policies (including child management)
Safety Rules
Information for volunteers, new staff, trainees

Some centers will also need By-Laws, Admissions Policies and Research Policies.

The procedure for changing a policy should be contained in the policy. Policies need to be reviewed regularly, at least annually. Conditions change and the official policies should reflect current actual practice.

2. Office Organization and Record-Keeping

The key to efficient organization is to write everything down. It may sometimes seem redundant or unimportant, but notes and lists, and a convenient filing system, can be great time and energy savers. It is helpful to train staff and parents to write messages, as well.

One easy way to keep track of tasks is to make two lists - one for things that must be done immediately, with their deadlines noted, and the other for long-range goals with less definite time restrictions. It is then possible to make a list of tasks to be accomplished for each day or week.

Another list can be kept of things to buy. A specific day each week for shopping and errands can eliminate time-consumming one-item trips.

The number of records required for licensing for participation in government-funded programs is continually increasing. Lists can be helpful in keeping track of forms and records needed for children and staff. It is also essential that all records and written information be filed in the appropriate place. Financial records are discussed in Section C. Inventory records are discussed on page D-16.

Records on Children

Each child should have his/her own file folder. A checklist stapled to the inside cover would list materials and policies given to parents, forms enclosed, and those missing. The due date for a specific form, such as a new health examination record, might be noted on an outside corner in pencil. Another system would list by months all children needing updates in information or immunizations. Office personnel could then notify parents enough in advance so that they have time to comply. Items listed on the sheet inside each child's folder might include the following:

	Date given to parent	Date returned	Update needed
1. Application form			
2. Intake interview			
3. Parent handbook			
4. Permission form			
5. Child information card			
6. Health form			
7. USDA form for determining reimbursement rate			
8. Tuition form (for sliding fee schedule)			
9. Tuition ledger sheet made			
10. Vacation record form			
11. Developmental information from family			

	Date given to parent	Date returned	Update needed
12. Developmental assessment, and anecdotal data, as appropriate			
13. Record of parent-teacher conferences			
14. Insurance or enrollment fee paid, if any			
15. Withdrawal information			

A notation on the sheet would also include:

Enrollment date_____
Group assignment_____
Withdrawal date_____

The Child Information Card used in Michigan is reproduced on page D-8, with permission of the Division of Child Care Center Licensing, Michigan Department of Social Services. The cost of the Kit does not include the cost of reproducing this card. The following information is recorded for each child: name, birthdate, parent's home and work addresses, person to contact in an emergency if the parent is not available, persons other than the parent to whom the child may be released, emergency medical authorization and physician and hospital information. Some centers keep duplicate copies of these records, one for the office, and one to take on field trips. They should be updated regularly. No child should be allowed in the center for even one hour without this information on file.

All records kept on children are confidential, and must be open to parents. These records should be shared with other agencies and schools only with written permission of the parent.

Employee Records

A similar checklist could be developed for employees, including all information necessary for their files: application form, recommendations, transcripts, hiring, health forms, leave time, evaluations, disciplinary actions, and termination. It may also be helpful to rate applications for employment as they are received. A checklist can be stapled to the application or resume indicating:

Date received
Position applied for
Highest degree
Credentials on file
References contacted
Application reviewed by
Interview
Action taken:

If a quick review of the application is made when it is received, even if no openings are expected, it will be easier to sort through a whole file of applications when an opening does occur.

Other Records and Forms

It is much easier to keep files useful if everything that goes into a file is uniform. It is possible to create forms for the many purposes that occur over and over, just as a teacher might create a form for weekly lesson plans. Some examples of forms a center might use are:

1. Time sheets for staff
2. Attendance or sign-in sheets for children
3. Lunch and snack records for children and adults
4. Inventory records for food and other consummable supplies
5. Worksheets for various programs, such as USDA reimbursements, DSS adjustments
6. Tuition bills
7. Field trip sign-out sheets
8. Medication permission form
9. Reimbursement form for staff who make center purchases (staple receipt to form)
10. Withdrawal forms and evaluations for parents whose children leave the center.

3. Michigan Child Information Card

CHILD INFORMATION CARD

State of Michigan – Department of Social Services

NAME OF CHILD (LAST, FIRST, MIDDLE INITIAL)	BIRTH DATE	DATE OF ADMISSION
		DATE OF DISCHARGE
NAME OF PARENT(S)	HOME ADDRESS	HOME PHONE NO.
1. EMPLOYER		HOURS OF EMPLOYMENT
BUSINESS ADDRESS		BUSINESS PHONE NO.
2. EMPLOYER		HOURS OF EMPLOYMENT
BUSINESS ADDRESS		BUSINESS PHONE NO.

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

NAME	ADDRESS	PHONE NO.

NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED

1		3	
2		4	

DSS-3731 (Rev. 3-75)
Previous edition may be used.

ADDITIONAL INFORMATION ON REVERSE SIDE

I hereby give permission to _____
(CHILD CARE PROVIDER)
licensed by the Department of Social Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Non-emergency medical treatment or elective surgery is not included in this authorization.

_____
SIGNATURE OF PARENT OR GUARDIAN

_____
DATE

(SPACE FOR NOTARIZATION, IF NEEDED)

PHYSICIAN PREFERRED FOR EMERGENCY TREATMENT	ADDRESS	PHONE NO.	OFFICE HOURS

HOSPITAL PREFERRED FOR EMERGENCY TREATMENT	HEALTH INSURANCE IDENTIFICATION INFORMATION

4. A Model Calendar for a Day Care Center

Norman Herbert

WINTER TERM

January

Annual Meeting -- Election of New Board

Notify bank of change of officers and authorized signers for checking account. Provide bank with new signature cards and resolutions.

If the bylaws have been amended, notify Internal Revenue Office and licensor.

Review emergency card file with police department -- lists of people that should be contacted in case of an emergency at Center location.

Close Center's accounting records for preceding year.

Prepare necessary annual tax reports.

Provide each employee with W2 and MI-W2 forms before January 31.

File Form 941 -- Employer's Quarterly Federal Tax Return.

Deadline for filing MESC 1020 -- Employer's Quarterly Contribution Report (by 25th of month).

February

Set up committees for health, safety, nutrition; program personnel; fund raising; playground development; etc.

Begin preparations for annual garage-bake sale (appoint committee and schedule for a Sunday).

Assign Fund Raising Committee Chairperson the responsibility for establishing contact with Community Development Revenue Sharing (CDRS) office for keeping informed of their program and other funding agencies.

Winter Celebration

Early February -- deadline for filing form 940 -- Employer's Annual Federal Unemployment Tax Return.

March

Send out registration-enrollment forms for May-August term.

March cont.	Garage sale (late March, early April)
	15th -- Deadline for IRS form 1120 (U.S. Corporation Income Tax Return, for profit making Centers).
	Have employees review their W-4 and MI-W4 for withholding allowances.
	Parent-Teacher conferences.
April	Finalize registration and enrollment for May-August term.
	Develop a budget for May-August term.
	File form 941 -- Employer's Quarterly Federal Tax Return.
	File Michigan Department of Treasury form C3202 (Quarterly Sales, Use and Withholding Tax Return).
	File MESC 1020 -- Employer's Quarterly Contribution Report (due by 25th of month).

SPRING-SUMMER TERM

May	Review parent handbook and other forms to be ready for fall enrollment
	Spring Celebration.
	Prepare for annual Child Care Fair.
	Prepare to renew license (1976, 1978, 1980 etc.).
	15th -- Deadline for IRS form 990 (Return of Organization Exempt from Income Tax -- annual information return).
June	Review tuition structure for financial needs for year starting September 1.
	Parent-Teacher conferences.
July	Send out registration and enrollment forms for September-December term.
	File form 941 -- Employer's Quarterly Federal Tax Return.
	File Michigan Department of Treasury for C3202 (Quarterly Sales, Use and Withholding Tax Return).
	File MESC 1020 -- Employer's Quarterly Contribution Report (due by 25th of month).

July cont.	Announce tuition structure -- fees.
	Closed for 4th of July Holiday.
	Annual Information Return of Exempt Organizations -- Charitable Organizations and Solicitations Act.
	Review personnel needs for fall and initiate program to meed those needs.
August	Finalize registration and enrollment for September-December term.
	Develop a budget for September-December term.
	License renewal should be received.
	Begin preparations for fall fund raising program (carnival-bake sale).
	Parent handbook review finalized.
	Contact of University and community sources for work study students and volunteers.
FALL TERM	
September	Orientation for new families.
	Orientation for parent substitutes.
	Review emergency card information.
	Michigan Annual Report, Non Profit Corporation C2000 is due October 1 or before (information report).
	Deadline for Annual Information Return of Exempt Organizations -- Charitable Organizations and Solicitations Act (have a CPA review).
October	Michigan Annual Report, Non Profit Corporation C2000 due by 1st.
	File form 941 -- Employer's Quarterly Federal Tax Return.
	File Michigan Department of Treasury form C3202 (Quarterly Sales, Use and Withholding Tax Return).
	File MESC 1020 -- Employer's Quarterly Contribution Report (due by 25th of month).
	Parent-Teacher conferences.

November	Send out registration and enrollment forms for January-April term.
	Set up nominating committee for Board of Directors condidates (the key to continuity).
	Director's Annual Report with Board review and agreement on primary objectives.
	Prepare a questionnaire to get parent reaction to various aspects of the Center.
	Closed day after Thanksgiving.
December	Finalize registration and enrollment for January-April term.
	Develop a budget for January-April term.
	Plan for Annual Meeting (reports from director and committee heads).
	Closed for week between Christmas and New Year's.
	Prepare Annual Budget for coming year.

For organizations funded by outside agencies, add to this calendar the appropriate deadlines for submitting required reports.

Every month a deposit of F.I.C.A. and Federal withholding may be required -- use form 501, Deposit Tickets.

5. Federal and State Government Forms

The forms listed below are usually used by Day Care Organizations.

Form No.	Title	Required
Federal Government Forms (obtained from Internal Revenue Service)		
SS-4	Application for Employer Identification Number	When organizing
Pub. #557	How to Apply for an Exemption (booklet)	
1023 for 501 (c)(3) 1024 for 501 (c)(4)	Exemption Applications	When organizing
(S) 990	Return of Organization Exempt from Income Tax (annual information return)	15th of 5th month after fiscal year end
1120	U.S. Corporation Income Tax Return (Profit Making Centers)	15th of 3rd month after fiscal year end
Pub. #15	Employer's Tax Guide Circular E (booklet)	
Pub. #393	Federal Employment Tax Forms (booklet)	
940	Employer's Annual Federal Unemployment Tax Return	Annually
941	Employer's Quarterly Federal Tax Return	Quarterly
501	U.S. Deposit Tickets	15th of Each Month
W2	Withholding Tax Statement	January 31
W3	Reconciliation of Income Tax Withheld from Wages (sent to IRS with W2's)	Annually
W4	Employer's Withholding Allowance Certificate	Completed by Employee

State of Michigan Forms

Michigan Employment Security Commission

Form No.	Title	
MESC 1009	Registration Report to Determine Liability	When payroll exceeds $1,000 for the year
MESC 1020	Employer's Quarterly Contribution Report	Quarterly

Department of Treasury

C2000	Michigan Annual Report, Non-Profit Corporation	By 10/1 each year
C3400	Application for Registration	When organizing
C3202	Quarterly Sales, Use and Withholding Tax Return	Quarterly
C4001	State of Michigan Employer's Withholding Tax Guide (booklet)	
MI-W2	State of Michigan Wage and Tax Statement	January 31
MI-W3	Reconciliation of Michigan Income Tax Withheld (sent to Treasury with MI-W2's)	Annually
MI-W4	Employee's Michigan Withholding Allowance Certificate	Completed by Employee

Attorney General

License to Solicit Charitable Contributions	After 6/30
Charitable Trust Contribution Act	

6. Purchasing Guidelines

Jacquelyn Miller, M.A.*

1. Gather catalogues and other sources of materials.

2. Review sources and record all possible purchases on 3x5 cards, one card per possible purchase.

3. Evaluate potential purchases for their safety. Items to consider are material content for combustion level, toxicity, breakability, pointed or protruding parts, detachable parts, general construction, and ability to be cleaned.

4. Sort cards into various categories to determine flexibility of materials from one category to another, balance of materials in different program areas such as sensory, art, cognitively oriented, etc.

5. Compare similar items from various manufacturers in catalogues and local retail or discount establishments. Evaluate safety features, quality, convenience, and cost, and note observations on the backs of cards.

6. Select the most important materials from "3" above, given the constraints of money, program, staff desires, etc.

7. Indicate choices by marking the appropriate 3 x 5 cards with an obvious mark, such as a red line across the top of the card, to help in further sorting.

8. Retain unmarked 3 x 5 cards for future purchasing considerations.

9. Transfer information on 3 x 5 cards to order sheets and then to inventory cards when received.

10. Cross reference checking account numbers, accounting system records, inventory cards, and receipt envelopes for easy reference.

* Jacquelyn Miller is the Owner/Director of The Discovery Center, Ann Arbor, Michigan.

7. Inventory

Esther R. Buch

It is advisable to keep accurate perpetual inventory records for both consummable supplies and non-consummable materials. Large educational equipment and major purchases may be kept on 3 x 5 cards as described in the previous article on purchasing. For this equipment note: when purchased, cost, repairs made, warranty information. It may be helpful to transfer the information on these cards to a single set of sheets for each category of item, in order to facilitate computation of depreciation.

It is very helpful to keep an accurate count of consummable food items. Participants in the USDA food program are required to keep such an inventory, and sample sheets will be provided by the agency sponsoring the program. Centers not participating are advised to develop their own food worksheets, listing staples as well as perishable items. Each item should be dated when it arrives, and entered into the inventory sheet. When the item is used, that date should be entered. Such a system should provide a director with current information on supplies on-hand; if used properly, it will prevent running out of items and last-minute shopping trips.

The same sort of system can be used for consummable educational items and office supplies, such as paint, paper, clay, and pet food. A record of vendor, cost, and date purchased should be kept in the office, but the actual physical inventory can be on-going, and done by child caregivers. A simple form for art supplies is illustrated below. It can be taped to the door of the supply closet with a pencil on a string, and takes only a few minutes to set up and use. The person unpacking the material enters a mark for each item on the shelf. As something is used, it is crossed off by the caregiver.

Art Supplies Inventory

Item	Number
Liquid tempera	
red	
yellow	
blue	
Powdered tempera	
silver	
gold	
brown	
Packages of fingerpaint paper	
Packages of crepe paper	
etc.	

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8. Preventive Maintenance Program for Early Childhood Facilities

Preventive maintenance are those tasks which are performed to reduce or eliminate mechanical, physical, or structural damage to equipment or facility. The program prevents costly replacements, protects against disruptive plant failure and often averts danger to lives.

The private industrial sector has stressed the importance of maintenance and realized a cost savings through an effective, regular, well-programmed organization of preventive maintenance measures. Since industry is a profit oriented sector, it rationalizes realistically the expenditures necessary to implement and continue a program of preventive maintenance. This cost is built into the overall fiscal structure of the organization to insure continued operational efficiency at minimal cost expenditure.

Industry offers child care educators a financial rationale for implementing programs of preventive maintenance. Educators and directors can learn from the past experiences of others and begin using effective, proven, sound management practices.

RATIONALE FOR PREVENTIVE MAINTENANCE

1. Extending Facility Life Cycle.
2. Reducing Equipment Time Loss.
3. Eliminating Long-Term Financial Outlay.
4. Preserving Real Estate Value.
5. Promoting Student Safety.
6. Encouraging Community Pride.
7. Abating Vandalism.

The following areas should be included in an effective maintenance program. This list is by no means all inclusive but if properly programmed, it will constitute an effective begining for preventive maintenance.

1. Tuck pointing and waterproofing.
2. Asphalt and concrete repair.
3. Reducing utility usage.
4. Renovating and remodeling of facilities.
5. Preparation and maintenance of all vehicles.
6. Preparation and repair of athletic facilities and equipment.
7. Refinishing of floors.
8. Inspect all boilers annually.
9. Order needed supplies in advance.
10. Plant, manicure, and fertilize vegetation where and when necessary.
11. Conduct in-service training for all staff.
12. Check, maintain and repair all instructional equipment periodically.
13. Check all communication systems.
14. Check all emergency warning equipment.
15. Check all fire extinguishers.
16. Repair all fencing.
17. Inspect swimming pools/play equipment.
18. Inspect and repair all roofs.
19. Blow down all boilers.
20. Inspect and maintain motors and pumps.
21. Keep facility clean and sanitary.

There are three (3) factors which are necessary in order to facilitate an effective preventive maintenance program:

1. MUST KNOW WHAT YOU HAVE
2. MUST PERIODICALLY INSPECT WHAT YOU HAVE
3. MUST REPAIR/REPLACE PRIOR TO FAILURE

Who performs preventive maintenance? Everyone should be involved in the process of preventive maintenance.

TEACHERS	Monitoring and caring for equipment. Reporting any irregularities when they are noted. Not using equipment until all irregularities have been corrected.
CUSTODIANS	Daily or periodic inspection. Operational and minor maintenance. Keeping director aware of problem areas when initially noted.
MAINTENANCE STAFF	Inspections are required. Repair/replacement as needed. Scheduled, programmed, maintenance when and where appropriate. Maintain system-wide repair parts and records.
CENTER ADMINISTRATION	Support the operations and maintenance program with sufficient qualified staff and adequate financial resources.

SPECIFIC PROGRAMS OF PREVENTIVE MAINTENANCE

INTERIOR PAINTING -

It is the goal of the child care program to maintain walls and ceilings which are aesthetically pleasing, clean and covered with appropriate materials for the rooms specific use. All walls and ceilings will be properly prepared and painted on an eight-year cycle.*

EXTERIOR PAINTING -

It is the goal of the child care program to maintain the exterior facility for aesthetic purposes, to protect the surface and to eliminate deterioration. All exterior wood and metal surfaces will be properly prepared and painted on a five-year cycle. Necessary caulking will be done prior to painting.

FURNITURE REFINISHING -

It is the goal of the child care program to maintain an aesthetic appearance and protect the wood surface of the furniture within its facility. All wood desks, tables, chairs and other furniture are washed, stripped of old finish, writing and gouges sanded out, and then stained and three coats of varnish are applied. Completed on an eight-year cycle.

SASH AND SILL

It is the goal of the child care program to varnish wood window sash and sill to protect surfaces, eliminate deterioration and maintain an aesthetic appearance. Window sash and sills are varnished by custodians during the summer assignment with an average of three schools per year necessary to maintain the seven-year cycle.

* It is the editor's point of view that child care centers probably need painting every two to three years.

HEATING -

During the heating season, the FIRST DUTY in the building is the operation of the heating plant. Special attention should be given to the heating on Monday morning or any day following a holiday in which child care is in session. At such times, the facility has not been kept at a normal temperature, and it requires a longer heating period to bring the classrooms to the desired temperature. Classroom temperatures should be not less than 62° and rising at 7:00 A.M. If for any reason the thermostat in a classroom fails to function properly, please notify the director at once. CUSTODIANS WILL NOT ADJUST THERMOSTATS. Suggested termperatures are 68° winter and 78° summer.

BURNER OPERATION AND MOTORS -

Burners must be checked each week during the heating season for proper lubrication. If the proper oil cans or grease guns are not available, notify the director. Facilities must be checked every day of the week for proper burner operation. All burners should be run on oil for one hour on the first and third Mondays in the months of November and December.

After changing from gas to oil and after one hour, a check should be made for proper combustion. The operation of the burners should then be checked periodically while on oil standby. If the burner is not functioning properly, such as smoking, etc., call the director.

During the heating season, if the facilities are not checked and a mechanical failure of the heating plant occurs -- such as freezing up heating coils or other mechanical failure which would cause considerable maintenance cost or personal danger, the person or persons responsible will be dismissed.

PREPARATION FOR THE OPENING OF EARLY CHILDHOOD FACILITIES

In preparation for the opening of the child care facility, the following work is to be done by the custodian the week before child care starts:

1. Measure the amount of oil in oil tanks and send in report immediately.
2. Turn on air compressors.
3. Turn on all vacuum pumps, float only.
4. Light all hot water heaters. If there are problems, call the director.
5. Check all filters. Be sure that they are cleaned and that spares are available.
6. Check fan belts.
7. Check all faucets, toilets, and urinals for proper operation.
8. Oil all motors. Non-detergent oil, 20 and 30 weight.
9. Light all pilots on gas stoves.
10. Report any material left around the buildings or any jobs which have not been completed.
11. Turn on all switches and check the fans to see if they are operating.
12. Turn on all refrigerators and freezers--but leave milk coolers off.
13. Turn gas valves on at the meter. If there are any problems, call the director.

SEASONAL CALENDAR APPROACH TO PREVENTIVE MAINTENANCE SCHEDULING

Objective: The development of a seasonal preventive maintenance schedule which increases the effectiveness of the early childhood program service functions.

_____ 1. EDUCATION AND SUPERVISION

_____ 2. HEALTH SERVICES

_____ 3. STAFF DEVELOPMENT

_____ 4. SPECIAL SERVICES

_____ 5. FOOD SERVICES

_____ 6. PARENT AND COMMUNITY SERVICES

EARLY CHILDHOOD LEARNING CENTER MAINTENANCE & OPERATIONS PROGRAM

-----PREVENTIVE MAINTENANCE SEASONAL SCHEDULE-----

Karl W. Grube

JANUARY SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Maintain heating systems: filters, fan belts, oil electrical motors
2. Check and repair winter created cracks in roofs and parking lots
3. Lubricate and inspect snow removal equipment, inspect fuel oil levels
4. Store Christmas decorations and purchase Christmas 'on sale' supplies
5. Inspect quantity of ice removal materials
6. _____

_____

FEBRUARY SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Check and repair cracks around doors, windows causing heat loss
2. Purchase fertilizer and related site needs
3. Check wind breaks for efficiency
4. Maintain heating systems: filters, fan belts, oil electrical motors
5. Lubricate and inspect snow removal equipment, check fuel oil levels
6. _____

_____

MARCH SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Inspect, repair air conditioning systems
2. Order summer maintenance supplies
3. Paint, clean, repair indoor equipment
4. Maintain heating systems: filters, fan belts, oil electrical motors
5. Collect preventive maintenance forms from staff
6. _____

APRIL SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Repair, clean, inspect snow removal equipment, prepare for summer storage
2. Inspect and monitor water accumulation on roofs, basements and sites
3. Inspect and repair fencing
4. Check, repair outdoor equipment, obtain fresh sand
5. Clean site of winter debris, begin compost pile, preliminary preparation of garden plot
6. _____

_____

MAY SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Inspect site vegetation, plant, fertilize, prune plant materials
2. Inspect and repair damage to parking lot surfaces
3. Collect bids for summer maintenance work
4. Cleaning of center, carpet, walls, floors, equipment, prepare outdoor surfaces of building for painting
5. Prepare transportation vehicles for summer program use
6. _____

_____

JUNE SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Update all maintenance schedules for coming year
2. Repair calking around windows, doors, paint exterior trim
3. Collect preventive maintenance forms from staff
4. Complete spring housecleaning
5. Inspect, clean, repair all office equipment
6. _____

_____

JULY SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Inspect, repair, clean instructional equipment
2. Clean, repair, staff furniture, equipment
3. Inspect electrical outlets, replace light bulbs, measure center for candle power effectiveness
4. Repair roof with asphalt materials
5. Repair, clean, replace plumbing equipment
6. _____

_____

AUGUST SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Heating systems cleaned, repaired, prepared for fall and winter heating seasons
2. Select and order winter maintenance supplies
3. Inspect and repair television antenna installation
4. Outdoor painting project completion
5. Order bulk quantities of ice removal materials
6. _____

_____

SEPTEMBER SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Collect preventive maintenance forms from staff
2. Request special inventory from staff of incompleted or overlooked equipment repair
3. Inspect and apply weather stripping around windows and doors
4. Install insulation and encourage energy savings with staff
5. Winterize transportation vehicles, inspect quarterly for preventive maintenance manual regulations
6. _____

_____

OCTOBER SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Re-check winterization of all transportation vehicles & equipment
2. Perform season end maintenance of game fields and site
3. Site cleaning, use leaf debris for compost
4. Winterize lawn equipment, clean, repair, change oil, lubricate, prepare for spring use
5. Clean and install storm windows, assure snow removal contract
6. _____

_____

NOVEMBER SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Check summer maintenance supplies, reorder, service, and maintain
2. Recheck winter cleaning supplies
3. Install winter snow fencing/plant material, clean gutters
4. Clean center, floors, walls, carpet, rugs
5. Inspect electrical outlets, change light bulbs, measure for candlepower effectiveness
6. _____

_____

DECEMBER SEASONAL MAINTENANCE (PREVENTIVE SCHEDULE)

1. Collect preventive maintenance forms from staff, issue preventive maintenance merit pay
2. Provide freeze protection for indoor/outdoor plants
3. Clean, Repair, replace plumbing equipment
4. Maintain heating systems: filters, fan belts, oil electrical motors
5. Inspect ice removal material, lubricate snow equipment
6. _____

_____

9. Insurance

In general, the best advice for a center is to develop a relationship with a reputable insurance agent, who can then devise the best package to meet that individual center's needs. The following are the most common types of insurance that centers may or must have:

I. Public Liability Coverage
Protection from lawsuits as a result of negligence on the part of the center, its employees, or the condition of the premises. The insurance company pays the costs of the defense. Although $300,000 may be considered adequate coverage, some centers are insured to $1,000,000.

II. Fire Insurance
The Michigan Inspection Bureau inspects the property to set the rate if a rate is not already established. The premium is based on the construction material (brick or frame), fire protection services in the location, and the value of the property.

III. Theft Insurance

IV. Vehicle Insurance
If the center owns a vehicle, it must be insured according to the laws of the State. This would include medical coverage for people in the vehicle or other vehicles, and for damage to the vehicle. If staff use their own cars for center business, a rider may be attached to the center's vehicle or liability policies to cover this use.

V. Children's Insurance
This covers the costs of medical fees for children resulting from injuries or accidents while they are in the care of the center, including field trips.

VI. Fidelity Bonding
The center personnel who handle money or control accounts may be bonded to sefeguard the center itself against embezzlement. The director, bookkeeper, and treasurer are examples of positions that may be bonded.

VII. Worker's Compensation
This required insurance pays medical costs and for worktime lost in excess of seven days because of accidents or injuries to employees that occur at work. The rate of compensation depends on the person's pay rate and number of dependents. Worker's compensation pays before medical insurance.

VIII. Unemployment Compensation
This insurance is paid to the State and goes into a fund to compensate people who are laid off. This may be a continuing cost to the center as long as the person is not reemployed.

IX. Social Security (FICA)
This acts more like a tax than insurance. Rates are increasing. Use the following table to determine the current rate:

Year	Taxable Wage	Tax Rate	Maximum Tax
1978	$17,700	6.05%	$1,070.85
1979	22,900	6.13	1,403.77
1980	25,900	6.13	1,587.67
1981	29,700	6.65	1,975.05
1982	31,800	6.70	2,130.60
1983	33,900	6.70	2,271.30
1984	36,000	6.70	2,412.00
1985	38,100	7.05	2,686.05
1986	40,200	7.15	2,874.30
1987	42,600	7.15	3,045.90

X. Employee Benefits
Various forms of insurance, such as health, life, and retirement, may be offered to employees as part of their compensation or as contributory programs.

XI. Equipment Insurance
Some centers may be advised to carry separate insurance on large machinery or equipment, such as a boiler.

(For more information on the computation of payroll taxes and fringe benefits, see Section C.)

10. USDA Food Reimbursement Program

The Child Care Food Program is similar to the food service plan available to children under the National School Lunch Program. The Michigan Department of Education (State Agency) will provide consultative personnel to administer and monitor the Program. A non-residential child care center can be eligible if it:

1. Is a public or private non-profit organization with tax-exempt status (or has applied for tax-exempt status);
2. Obtains family size and income information of children participating;
3. Is licensed by the Michigan Department of Social Services as a child care center;
4. Is available to children regardless of race, sex, creed, color, or national origin; and
5. Applies to either a sponsoring organization or State Agency for approval to participate in the Program. It can be its own sponsoring organization.

The amount of the reimbursement is dependent on the types of meals served and the income levels of the families of the children enrolled. Eligibility for A and B reimbursements is determined on the basis of the following chart:

Family Size	Category 'A'	Category 'B'	Category 'C'
1.	Under $ 3,930	Under $ 6,120	Over $ 6,120
2.	5,160	8,050	8,050
3.	6,390	9,970	9,970
4.	7,610	11,880	11,880
5.	8,740	13,630	13,630
6.	9,860	15,380	15,380
7.	10,890	16,980	16,980
8.	11,910	18,580	18,580
9.	12,840	20,030	20,030
10.	13,760	21,470	21,470
11.	14,680	22,890	22,890
12.	15,590	24,310	24,310

Reimbursement rates as of January 1978, per meal, are:

	Breakfast	Lunch/Supper	Supplement
Category A	$ .4025	$ .795	$ .2375
Category B	.3325	.695	.18
Category C	.115	.145	.06

12 3/4¢ per lunch or supper, per child, is also included, in lieu of surplus commodities that used to be provided.

For more information contact:

Michigan Department of Education
Food and Nutrition Program
Box 30008
Lansing, Michigan 48909
(517) 373-3347
Contact person: Zoe Slagle

Outside of Michigan, contact the regional USDA office to find out what agency handles the Child Nutrition Program in your state, or contact.

Child Nutrition Program
U.S. Department of Agriculture
Food and Nutrition Program
Washington, DC 20250

11. Eligibility for Department of Social Services Funding for Day Care Services in Michigan

Eligibility for D.S.S. funding for day care is a complicated matter. It is certainly worthwhile, however, for a director to refer any family which might be eligible for a partial or total subsidy to the County D.S.S. office for evaluation. In general, the following criteria must be met if a family is to receive payment for day care. Questionable cases are handled individually and should be referred.

1. The family or the child qualifies for Aid for Families with Dependent Children, or medical assistance.

or 2. A single parent family does not receive AFDC or medical assistance, but its income is too low to meet day care costs. See scale, page D-32.

and 3. The family needs day care because:

   a. The parent or caretaker relative is employed.

   or b. The parent or caretaker relative participates in a training program leading to employment. In Michigan at the present time, the training program may lead to a degree not higher than a B.A. and and child care will be provided for two years only. However, all low-income, single-parents in training programs should be referred because of possible exceptions.

   or c. The parent or caretaker relative is participating in EPSDT screening and follow-up services.

   or d. The parent or caretaker relative is actively seeking employment.

   or e. The child needs day care to help resolve a social or health condition in the family which adversely affects the child.

   or f. The child needs day care as part of a protective service plan to remedy the effects of neglect or abuse.

FEE SCALE FOR DAY CARE SERVICES

PERCENTAGE CONTRIBUTION FOR ELIGIBLE FAMILIES
NOT RECEIVING AID TO DEPENDENT CHILDREN
(Arranged by Family Size and Gross Biweekly Income)

Assistance with the cost of day care is available for single parent families and two parent families in which a parent is incapacitated with gross biweekly income within this schedule. If income is below the amount in the first column, no family contribution is required.

If income is within this schedule, the family is required to pay a portion of the cost of care, according to family income and size, directly to the provider of care. For example, a family of 2, with gross biweekly income of $230, is required to pay 20% of the cost of day care directly to the provider of care, and the Department will pay the remaining 80% to the provider.

Table 1

% of Cost to be paid by the family	10%	20%	30%	40%	50%	60%	70%	
Family Size								Upper level cutoff
1	$152-165	166-179	180-193	194-206	207-219	220-232	233-245	No DSS payment if income is above $245.00
2	$198-215	216-233	234-251	252-268	269-285	286-302	303-320	No DSS payment if income is above $320.00
3	$244-265	266-287	288-309	310-331	332-353	354-375	376-396	No DSS payment if income is above $396.00
4	$290-315	316-341	342-367	368-393	394-419	420-445	446-471	No DSS payment if income is above $471.00
5	$336-365	366-395	396-425	426-455	456-485	486-515	516-546	No DSS payment if income is above $546.00
6	$382-416	417-451	452-486	487-520	521-554	555-588	589-622	No DSS payment is income is above $622.00
7	$392-426	427-461	462-496	497-531	532-566	567-601	602-636	No DSS payment is income is above $636.00
Above 7	Add $9.00 per family member to each amount above listed.							

This chart duplicated without cost.

12. Sliding Scale Tuition Schedules

Two kinds of sliding scales, used by the same center at different times, are included here. The first determines the weekly fee on the basis of income and family size only. The second takes other factors into consideration. Another sliding scale is found on page C-32.

Sliding Fee Schedule in use at Perry Nursery School, Ann Arbor, MI 1974

SLIDING FEE SCHEDULE -- WEEKLY RATE

GROSS MONTHLY INCOME	NET MONTHLY INCOME	FAMILY OF 2 1 CHILD	FAMILY OF 3 1 CH.	FAMILY OF 3 2 CH.	FAMILY OF 4 1 CH.	FAMILY OF 4 2 CH.	FAMILY OF 5 1 CH.	FAMILY OF 5 2 CH.	FAMILY OF 6 1 CH.	FAMILY OF 6 2 CH.
	120 - 150	6.00	6.00	11.00	6.00	11.00		11.00		
- 199	151 - 190	7.00	6.00	11.00	6.00	11.00		11.00		
200 - 235	191 - 210	8.00	6.00	11.00	6.00	11.00	6.00	11.00		
236 - 275	211 - 230	9.50	6.00	11.00	6.00	11.00	6.00	11.00		
275 - 335	231 - 270	11.00	7.00	11.00	6.00	11.00	6.00	11.00	6.00	
326 - 375	271 - 310	13.00	8.00	12.00	7.00	11.00	6.00	11.00	6.00	11.00
376 - 425	311 - 350	15.00	9.50	15.00	8.00	12.00	6.00	11.00	6.00	11.00
426 - 475	351 - 390	17.00	11.00	17.50	9.50	15.00	7.00	11.00	6.00	11.00
476 - 535	391 - 430	19.00	13.00	20.50	11.00	17.50	8.00	12.00	7.00	11.00
536 - 595	431 - 470	21.00	15.00	23.00	12.50	20.50	9.50	15.00	8.00	12.00
596 - 615	471 - 510	23.00	17.00	26.00	15.00	23.00	11.00	17.50	9.50	15.00
616 - 685	511 - 550	25.00	19.00	28.50	17.00	26.00	13.00	20.50	11.00	17.50
686 - 765	551 - 590	27.00	21.00	31.50	19.00	28.50	15.00	23.00	13.00	20.50
766 - 845	591 - 630	29.00	23.00	34.00	21.00	31.50	17.00	26.00	15.00	23.00

Name_____

Date_____

FEE ASSESSMENT FOR SLIDING SCALE

I. Income (item per week X $4.33 = item per month)

1. Salary/month _____
2. Child support _____
3. Loans _____
4. Scholarships _____
5. Contribution from relatives _____
6. Food Stamps _____

TOTAL INCOME _____/month

Total from 1,2,3,4,5 (for USDA)_____

II. Expenses

1. Other child care payments _____
2. Unusual medical payments _____
3. Allowances for additional dependants beyond first child ($100 if income is taxable; $75 if not) _____
4. Other considerations _____

TOTAL EXPENSES _____/month

ADJUSTED INCOME (INCOME - EXPENSES) _____/month

FEE ASSESMENT _____/month

This scale and form represent a different kind of sliding scale fee, currently used by the same center that previously used the longer form. On this schedule, the unusual aspects of a particular family situation are taken into account in setting the fee. Additional children enrolled from the same family pay one-half the rate of the first child.

PERRY NURSERY SCHOOL
FEE SCHEDULE

Gross Salary/Month	Net Salary/Month	Fee/Week
0 - 400	0 - 336	$14.
401 - 450	337 - 376	16.
451 - 500	377 - 411	18.
501 - 550	412 - 445	20.
551 - 600	446 - 478	23.
601 - 650	479 - 511	26.
651 - 700	512 - 542	28.
701 - 750	543 - 578	30.
751 - 800	579 - 612	32.
801 - 850	613 - 645	34.
851 - 900	646 - 683	37.
901 - 950	684 - 720	40.
951 - 1000	721 - 747	42.
1001 - 1100	748 - 820	44.
1101 - 1200	821 - 892	46.
1201 - 1400	893 - 1005	48.
1401 - 1600	1006 - 1124	50.
1601 - 1800	1125 - 1204	53.
1801 - 2000		56.

Approved by the Perry Nursery School Board of Directors, 1/28/76.

13. General Guidelines for Proposals

Larry Coppard*

At some time the administrator of almost all day care centers must prepare a proposal for financial support. Although there are no universal principles that will insure success, there are some general questions which everyone must answer in order to prepare a proposal.

1. Who is the prospective sponsor?
   You need to find out what the sponsor is willing to support and how they want you to submit proposals. Learn as much as you can about the sponsor (e.g. past grants and current priorities) and follow proposal guidelines precisely.

2. What is the need your proposal seeks to address?
   You must clearly describe the need to which you are responding. Present a well reasoned and documented case which explains why action should be taken.

3. What do you propose to do?
   Clearly describe what you plan to do and show how these activities will address the need. Describe how your project will be staffed, what time schedule will be followed, and what outcomes can be expected.

4. Why is your agency the one to conduct this project?
   Describe your agency's qualifications, your experience in working on this problem and with the target population. Present documented evidence of support for the proposal from individuals and groups who know your agency and the problem you plan to address.

5. How will the project be evaluated?
   Describe how you will demonstrate to your agency and the sponsor that upon completion of the project you have done what you said you would do.

6. What is the project budget?
   Describe the project budget showing exactly how monies will be spent. Indicate how much of the project budget will be contributed by your agency and other groups and how much you need from the sponsor. Describe how the project will be supported after the sponsor's funds are exhausted.

It may be helpful to have prepared a folder which includes the general information about your center, so that when a proposal deadline is imminent (and you will often find out when the deadline is only a few days away), much of the information is ready to be duplicated. You may then only need to add information specific to the agency you are petitioning for funds.

*Larry Coppard is Special Assistant to the Dean, School of Education, The University of Michigan.

14. Principles of Proposal Writing

Geraldine Peterson*

1. There is money. The decision the grantee must make is who will get it. If you are told there is no money, check out that statement further.

2. Do not write a proposal unless there is a chance of funding. Go after specific money. There are too many "general" proposals and the competition is too keen. Most of the work for getting grants is done before the writing.

3. When you do write, have an explicit, detailed plan to execute.

4. Proposal writing is not easy. It is a long, difficult and solitary task with very few strokes. I usually have to edit my work at least three times.

5. The pages that are read are page 1 and the budget.

6. Demonstrate a need that is pressing and why it should take priority.

7. Facts, research and economic terms add strength to a proposal.

8. Cost effectiveness and accountability need to be spelled out. How will the grantee know how you have been successful?

*Geraldine Peterson is Director, The Student - Parent Center, Ann Arbor, Michigan.

15. Resources for Finding Out Where the Money Is:

Nels Andersen*

Publications (relatively inexpensive) from
PUBLIC SERVICE MATERIALS CENTER
355 Lexington Ave., New York, NY 10017

How to Raise Funds From Foundations
How to Get Your Fair Share of Foundation Grants
How to Write Successful Foundation Presentations
How to Get Government Grants
How to Stay One Dollar Ahead in Fund Raising
A Treasure of Fund Raising Letters
The KRC Handbook of Fund Raising - Strategy and Tactics
The KRC Fund Raiser's Manual
The Complete Fund Raising Guide
Where America's Large Foundations Make Their Grants

THE FOUNDATION DIRECTORY - Edition 5
The Foundation Center
888 Seventh Avenue
New York, NY

ANNUAL REGISTER OF GRANT SUPPORT

MICHIGAN FOUNDATION DIRECTORY - Edition 1, 1976
Michigan League for Human Services
200 Mill Street
Lansing, MI 48933

THE GRANTSMANSHIP WORKPLAN
Developed and published by the
Eckman Center, 1974

GRANTS: HOW TO FIND OUT ABOUT THEM AND WHAT TO DO NEXT
by Virginia P. White
Plenum, 1975

THE GRANSMANSHIP CENTER NEWS
The Grantsmanship Center
7815 S. Vermont Avenue
Los Angeles, CA 90044

FUNDING SOURCES CLEARINGHOUSE, INC.
116 S. Michigan Ave.
Chicago, IL 60603 Cadillac League - annual dues $250

GRANTMAKER'S GUIDE
44 Montgomery St., Suite 1858
San Francisco, CA 94104
(you may list your project in their Guide)

FUND RAISING MANAGEMENT (bi-monthly magazine)

* Nels Andersen is Director, Saginaw County Child Development Centers, Inc., Saginaw, Michigan.

16. Bibliography

1. Cherry, Claire, Nursery School Management Guide, Fearon Publishers, Belmont, CA, 1973.

2. Evans, E. Belle, Shub, Beth, and Weinstein, Marlene, Day Care, Beacon Press, 1971.

3. Levine, James, "How to Grow a Money Tree," Day Care and Early Education, March 1974.

4. Ruopp, Richard, et. al., A Day Care Guide for Administrators, Teachers, and Parents, MIT Press, 1973.

5. Ryan Jones Associates, Inc., "How to Operate Your Day Care Program", 906 Penn Ave., Wyomissing, PA 19610.

SECTION E

PERSONNEL

A child care program reflects the quality of its staff. A common understanding, by staff and administration, of center policies and procedures is important. Open communication, shared expectations, and joint problem-solving approaches are stressed. It is necessary for staff to be supported and encouraged as well as trained, if they are to provide a quality developmental program for children.

This section includes outlines of topics that should be covered in personnel policies and job descriptions. If these are kept accurate and up-to-date, and discussed with an employee before s/he is hired, many uneasy situations will be prevented. A method of keeping necessary records about employees is described, and a sample "Personnel Inventory" sheet is reproduced from a study published by the Welfare Council of Metropolitan Chicago.

In 1972, the Office of Child Development listed desired competencies for workers with young children in connection with the Child Development Associate (CDA) program. A list of these competencies is included. A certain percentage of child caretakers must hold the CDA for a center to be licensed in some states. This is not so in Michigan. The address for information about applying for the CDA is listed with the competencies.

A new development in certification for teachers in Michigan is that teaching in a licensed child care center may be considered toward the experience needed to obtain and retain the continuing certificate. Information about this is also included.

Anne Nemetz-Carlson prepared the discussion of techniques and topics for staff inservice training for the Mobile Training Project.

A listing of resources for volunteers to augment the paid staff is also provided.

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1. Topics to Include in a Personnel Policy Manual.. E-3
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1. Topics to Include in a Personnel Policy Manual

Esther R. Buch, M.A.

I. Organizational Chart

II. Job Descriptions
- A. Qualifications for each job
- B. Duties for specific jobs
- C. Responsibilities of all employees

III. Employment Policies
- A. Definition of Employees
  1. hourly/salaried
  2. title/positions
  3. probationary period
  4. full time/part time
  5. anniversary date
  6. tenure and seniority
  7. contract
  8. daily schedule of work time
  9. break time
- B. Compensation
  1. method and time of payment
  2. compensation for meetings
  3. deductions
  4. overtime
  5. salary scales: criteria for increases, placement on salary scale
- C. Benefits
  1. Insurance
     - a. FICA
     - b. worker's compensation
     - c. health insurance
     - d. retirement
     - e. unemployment compensation
     - f. other benefits
  2. Leave time
     - a. school calendar and holidays
     - b. vacations
     - c. sick leave
     - d. personal leave
     - e. maternity/paternity leave
     - f. emergency (funeral) leave
     - g. educational leave
     - h. procedure for taking leave time; documentation
     - i. substitute policy
- D. Hiring practices; affirmative action policy
- E. Evaluation Policy
- F. Termination
  1. termination of staff by agency
  2. resignation by staff

G. Rights of Personnel
H. Grievance procedure

IV. Training
A. Agency requirements
B. Inservice, agency sponsored
C. Conference and workshop attendance
D. Arrangements for educational leave and tuition

V. Specific Center Policies
A. Program Policy
B. Behavior Management Policy
C. Health and Safety Policy
D. Classroom Procedures
E. Purchasing Procedures
F. Student and Volunteer Supervision
G. Management Information
1. By-laws
2. Budget information

2. Items to Include in Job Descriptions

I. Job Definition

II. Minimum Qualifications
- A. Personal
- B. Health
- C. Education
- D. Certification
- E. Other

III. Working Conditions
- A. Working hours
- B. Break time
- C. Planning time
- D. "Benefits, vacations, sick time, and other leaves are as indicated in the Personnel Policies of ___."

IV. Relationship with Other Agency Positions, Board, Community Groups, etc., as appropriate for specific positions.

V. Responsibilities/Duties
Include all the areas in which a staff member has responsibility, and be sure to define who does what. Try not to be so specific as to prevent adaptability to new and changing circumstances.

VI. Evaluation Procedure

3. Records on Employees

It is helpful to keep a file folder on each employee. The following list suggests items for inclusion:

1. Application for employment, including name, address, social security number, emergency contact, education, relevant experience
2. References
3. Credentials, transcripts
4. Letters of hire, dismissal, resignation
5. Health forms; TB test reports
6. Evaluations
7. Absences and leaves
8. Other pertinent information

A check list stapled to the front cover indicates at a glance:

1. Date of Hire
2. Date of Separation
3. Dates of TB tests and physicals
4. Salary and contract each year
5. Group assignment

4. Personnel Inventory

The sample form below is one that can be modified and used by a director for the purpose of compiling information on the whole staff on one page. Such a sheet, updated regularly, can be helpful in personnel selection, budget planning, program evaluation, and reporting to various groups.

Name	Title/Job Position	Code No.	Status	Education Completed				Job Experience			Average No. of Work Hours Per Week	Actual Year's Earnings	Meals Provide
				High School	Some College	B.A. or B.S.	B.A.+ or B.S.+	In Position: In	In Position: Out	Months of Related Experience			

Office of Child Development
November, 1972

5. CDA Competencies

Competencies for the Child Development Associate

A comprehensive, developmental program for preschool children is one in which the total design helps children acquire the basic competencies and skills for full development and social participation, while at the same time assuring that the quality of the child's experience is emotionally satisfying and personally meaningful.

Within such a child development program, the Child Development Associate will be expected to have the knowledge and skills to be able to:

1. Set up and maintain a safe and healthy learning environment

   a. Organize space into functional areas recognizable by the children, e.g., block building, library, dramatic play, etc.

   b. Maintain a planned arrangement for furniture, equipment and materials, and for large and small motor skills learning, and for play materials that is understandable to the children

   c. Organize the classroom so that it is possible for the children to be appropriately responsible for care of belongings and materials.

   d. Arrange the setting to allow for active movement as well as quiet engagement.

   e. Take preventive measures against hazards to physical safety.

   f. Keep light, air and heat conditions at best possible levels.

   g. Establish a planned sequence of active and quiet periods, of balanced indoor and outdoor activities.

   h. Provide for flexibility of planned arrangements of space and schedule to adjust to special circumstances and needs of a particular group of children or make use of special educational opportunities.

   i. Recognize unusual behavior or symptoms which may indicate a need for health care.

2. Advance physical and intellectual competence

a. Use the kind of materials, activities and experiences that encourage exploring, experimenting, questioning, that help children fulfill curiosity, gain mastery, and progress toward higher levels of achievement.

b. Recognize and provide for the young child's basic impulses to explore the physical environment; master the problems that require skillful body coordination.

c. Increase knowledge of things in their world by stimulating observation and providing for manipulative-constructive activities.

d. Use a variety of techniques for advancing language comprehension and usage in an atmosphere that encourages free verbal communication among children and between children and adults.

e. Work gradually toward recognition of the symbols for designating words and numbers.

f. Promote cognitive power by stimulating children to organize their experience (as it occurs incidentally or pre-planned for them) in terms of relationships and conceptual dimensions: classes of objects; similarities and differences; comparative size, amount, degree; orientation in time and space; growth and decay; origins; family kinship, causality.

g. Provide varied opportunities for children's active participation, independent choices, experimentation and problem-solving within the context of a structured, organized setting and program.

h. Balance unstructured materials such as paint, clay, blocks, with structured materials that require specific procedures and skills; balance the use of techniques that invite exploration and independent discovery with techniques that demonstrate and instruct.

i. Stimulate focused activities: observing, attending, initiating, carrying through, raising questions, searching answers and solutions for the real problems that are encountered and reviewing the outcomes of experience.

j. Support expressive activities by providing a variety of creative art media, and allowing children freedom to symbolize in their own terms without imposition of standards of realistic representation.

k. Utilize, support and develop the play impulse, in its various symbolic and dramatic forms, as an essential component of the program; giving time, space, necessary materials and guidance in accordance with its importance for deepening and clarifying thought and feeling in early childhood.

l. Extend children's knowledge, through direct and vicarious experience, of how things work, of what animals and plants need to live, of basic work processes necessary for everyday living.

m. Acquaint children with the people who keep things functioning in their immediate environment.

3. Build positive self concept and individual strength

a. Provide an environment of acceptance in which the child can grow toward a sense of positive indentity as a boy/girl as a member of his family and ethnic group, as a competent individual with a place in the child community.

b. Give direct, realistic affirmation to the child's advancing skills, growing initiative and responsibility, increasing capacity for adaptation, and emerging interest in cooperation, in terms of the child's actual behavior.

c. Demonstrate acceptance to the child by including his home language functionally in the group setting and helping him to use it as a bridge to another language for the sake of extended communication.

d. Deal with individual differences in children's style and pace of learning and in the social-emotional aspects of their life situations by adjusting the teacher-child relationship to individual needs, by using a variety of teaching methods and by maintaining flexible, progressive expectations.

e. Recognize when behavior reflects emotional conflicts around trust, possession, separation, rivalry, etc., and adapt the program of experiences, teacher-child and child-child relationships so as both to give support and to enlarge the capacity to face these problems realistically.

f. Be able to assess special needs of individual children and call in specialist help where necessary.

g. Keep a balance for the individual child between tasks and experiences from which he can enjoy feelings of mastery and success and those other tasks and experiences which are a suitable and stimulating challenge to him, yet not likely to lead to discouraging failure.

h. Assess levels of accomplishment for the individual child against the background of norms of attainment for a developmental stage, taking into careful consideration his individual strengths and weaknesses and considering opportunities he has or has not had for learning and development.

4. Organize and sustain the positive functioning of children and adults in a group in a learning environment

a. Plan the program of activities for the children to include opportunities for playing and working together and sharing experiences and responsibilities with adults in a spirit of enjoyment as well as for the sake of social development.

b. Create an atmosphere through example and attitude where it is natural and acceptable to express feelings, both positive and negative -- love, sympathy, enthusiasm, pain, frustration, loneliness or anger.

c. Establish a reasonable system of limits, rules and regulations to be understood, honored and protected both by children and adults, appropriate to the stage of development.

d. Foster acceptance and appreciation of cultural variety by children and adults as an enrichment of personal experience; develop projects that utilize cultural variation in the family population as resource for the educational program.

5. Bring about optimal coordination of home and center child-rearing practices and expectations

a. Incorporate important elements of the cultural backgrounds of the families being served, food, language, music, holidays, etc., into the children's program in order to offer them continuity between home and center settings at this early stage of development.

b. Establish relationships with parents that facilitate the free flow of information about their children's lives inside and outside the center.

c. Communicate and interact with parents toward the goal of understanding and considering the priorities of their values for their children.

d. Perceive each child as a member of his particular family and work with his family to resolve disagreements between the family's life style with children and the center's handling of child behavior and images of good education.

e. Recognize and utilize the strengths and talents of parents as they may contribute to the development of their own children and give parents every possible opportunity to participate and enrich the group program.

6. Carry out supplementary responsibilities related to the children's programs

a. Make observations on the growth and development of individual children and changes indicated as necessary to meet particular needs of a given group of children or incorporation of new knowledge or techniques as these become available in the general field of early childhood education.

c. Be aware of management functions such as ordering of supplies and equipment, scheduling of staff time (helpers, volunteers, parent participants), monitoring food and transportation services, safeguarding health and safety and transmit needs for efficient functioning to the responsible staff member or consultant.

In addition to the knowledge and experience that are essential components of "educational competencies", it is essential that the people who teach young children shall have specific capacities for relating to them effectively. From field observation of practitioners and a review of the literature, it is possible to name those qualities and capacities which are likely to be most congruent with the competencies as defined. These are essential complements to the more technical aspects of competence. The capacities listed below represent patterns of relatedness most relevant to teaching children in the early years of childhood.

--To be sensitive to children's feelings and the qualities of young thinking.

--To be ready to listen to children in order to understand their meanings.

--To utilize non-verbal forms and to adapt adult verbal language and style in order to maximize communication with children

--To be able to protect orderliness without sacrificing spontaneity and child-like exuberance.

--To be differently perceptive of individuality and make positive use of individual differences within the child group.

--To be able to exercise control without being threatening.

--To be emotionally responsive, taking pleasure in children's successes, and being supportive for their troubles and failures.

--To bring humor and imaginativeness into the group situation.

--To feel committed to maximizing the child's and his family's strengths and potentials.

For an enrollment form or more information, write to:

The Child Development Associate
Consortium
805 Fifteenth St., N.W.
Washington, DC 20005

(202) 347-8475 or
(800) 424-5110

6. Staff Training Techniques

Anne Nemetz-Carlson, M.A. 1977

The methods which you choose for staff training will vary according to your center's size, the staff's background (whether the majority of your staff is made up of professionals or nonprofessionals) and their interests, and your budget. The following is a brief discussion of a variety of techniques from which you should choose to meet your center's needs; however, it should be noted that a training program which uses a combination of these methods will probably be the most comprehensive and effective.

Staff Meetings

Staff meetings are probably the single most important technique for training staff members. As many staff as possible should attend these meetings; consequently, they should be held during a relatively quiet time of the day. Some centers prefer to hold their meetings in the evenings. Staffing the center during meetings is always a problem. Parents or community volunteers might agree to watch the children during nap time; it might be more advantageous to hire someone, perhaps from your substitute list, on a very limited but regular basis, one hour per week.

These meetings should be conducted in an atmosphere where communication is open and cooperation is encouraged. The meetings should be well planned and last for the specified amount of time, an hour to two hours. It is better to have a weekly hour meeting than one monthly four hour meeting. There should be time allowed for announcements, for staff to present their opinions and/or problems, and there should be time allowed for problem solving and decision making.

These one hour weekly sessions provide a regular format in which a variety of training experiences can be presented. The following three techniques fit into the hour long session and enrich the staff meeting concept.

A. In-Service Workshop

An in-service workshop is defined here as a one-to-two hour session, immediately following or in lieu of a staff meeting, which provides information concerning a specific topic or interest area. There is generally a knowledgeable person who conducts the workshop and provides this information, although the most effective workshops involve the participants as much as possible, i.e. the participants in an art workshop experiment with various painting techniques. Who will conduct the workshops need not always be an expensive question. Several of your staff may have specific skills you want them to share; a parent may also have such, i.e. Mexican cooking. Many community people

are willing to conduct a workshop: the psychologist from the mental health clinic, the public health nurse, the public school music teacher, etc.

Topics for your workshops are unlimited; they include all the curriculum areas (art, blocks, water play, cooking with kids, outdoor games, etc.); child development and psychology; theories of preschool education; community resources; etc. It is most important that staff be involved in selecting the topics for workshops; their input throughout your training program is invaluable.

Workshops are a very effective means for presenting a specific body of information to all staff in a concentrated period of time; they also are an effective means for stimulating new ideas and interests.

B. Group Discussions

Like workshops, group discussions fit into the staff meeting format easily and they are valuable means for encouraging open communication and problem solving. The meeting focuses on a single topic, for example, evaluating the center's physical environment. Each staff member receives and completes an evaluation sheet individually; as a group, they discuss their various ratings, their reasoning and what needs to be done to improve the rating.

Rules of effective group discussion need to be observed. Everyone's opinion is important; everyone should be encouraged to participate; no interrupting and no dominating the conversation.

Outside resource people can be invited to participate in these discussions - for example, invite the local kindergarten teacher if you plan to discuss kindergarten readiness. The topics are unlimited, and will again depend on your staffs' interests and needs.

C. Child Study

A discussion of a particular child, though similar to a group discussion, is more successful if the discussion is even more structured. The discussion should be divided into three timed segments, perhaps 15-20 minutes each. The first segment is the factual presentation of the child and his/her behavior by the teacher who works most closely with the child. Other observations may be added by staff. This discussion deals only with fact, not possible causes. "Julie is always fighting with the other children." "She is the only child in the family." "She is four years old." "She likes to draw pictures." "She cries when she has to go home."

The second part of the discussion is possible causes or reasons why the child acts the way s/he does. "Maybe she hasn't ever learned to play with other children." "I think she needs a lot of praise and loving; I don't think she gets much from her mother." "Maybe she's spoiled because she gets too much attention." It is important to hear any opinion; staff is learning how other people interpret children's behavior.

The third part of the discussion is arriving at a coordinated method of handling the child. Suggestions are given and agreed upon. The staff will praise Julie when she is playing with the other children. Temper tantrums will be ignored as much as possible.

These discussions allow the staff an opportunity to work as a team, sharing information and arriving at a solution. It teaches staff the difference in factual observation and conjecture about a child's behavior; it provides a means for better understanding of a child's behavior and a method of handling such behavior.

On-site Visits

Visits to other local child care centers allow staff the opportunity to compare facilities, room arrangement, materials, and teaching techniques. If possible, one visit per month should be arranged, with staff observing the same site. These visits could be reciprocal if other centers are interested. Scheduling is more flexible and your center shouldn't be short-staffed. Perhaps at the last staff meeting of the month, time could be set aside to discuss these visits and share observations: things we liked, things we could incorporate into our center, things we don't agree with or don't understand.

On-the-job Experiences and Evaluations

If the majority of your staff is made up of paraprofessionals, much of your training program can be done through on-the-job training. Your staff must see this training as a learning process and not a threatening and critical daily evaluation. You must allow time in your schedule for close supervision and review. The advantage of this training is that it can meet the needs of a number of staff at all levels of development. For a staff person with basic skills, activities can be assigned and evaluated on a daily basis; these initial assignments should be very simple and gradually progress to more complicated, as more skills and confidence are gained. For example, putting out playdough is relatively easy; next assign that person easel painting, then a math sorting activity, then a science float-and-sink activity. The evaluation of the

activity should be constructive; begin with praising the positive aspects of the activity, i.e. "The children enjoyed the activity." "You encouraged them to share the playdough very well." Suggest what the person should work on in following lessons, i.e. "Talk at eye level with the children." "Stress the rules before an activity gets out of hand: 'We don't throw playdough.'"

On-the-job training can be applied to all aspects of child care, to all levels of skills. If a staff member is ready to begin lesson planning, begin with assigning one lesson plan a week and evaluate. Assign one child observation per week and review it with the staff member. Assign one staff training workshop and evaluate. This method also allows for a staff member to receive training in one particular area which s/he has chosen; if a staff member would like to work on nutrition, you can encourage and support that interest.

Daily evaluations will probably last only 5-10 minutes per day; consequently, individual staff conferences should be held once every week or every two weeks. These conferences allow the staff an opportunity to establish open communications with their director/supervisor; to evaluate their progress as a teacher and to gain confidence in their growth. The daily evaluations can be reviewed and summed up in these conferences; they also build a foundation for formal six-month or yearly evaluations.

Conferences

Early childhood education conferences are generally one or two days of workshops and lectures, sponsored by a college or university or child care organization, and organized to serve a large public audience. There is usually a wide selection of topics from which your staff can choose. These conferences are usually held on the weekend and therefore do not interrupt the center's daily schedule. Entrance fees vary from inexpensive to moderate to very expensive, depending on who is the sponsoring agency, the facilities, guest speakers, etc. For centers with limited budgets, it is possible to pay only the staff member's entrance fee, (and maybe mileage if everyone travels together), but not a full day's pay for attendance. Some centers do provide for compensatory time.

Conferences give your staff an opportunity to receive a concentrated day of training in a number of areas; encouraging staff to attend several conferences a year is recommended. There is one possible disadvantage with conferences - the training is only as good as the individual workshops are, and there is no guarantee that a workshop will meet the needs of the staff member who chose it.

College Courses

College courses are probably the most concentrated and comprehensive type of training for child care staff. A class meets regularly; a topic is thoroughly studied; instructors are well qualified as they are affiliated with the college or university. There are, however, drawbacks to this type of training. Your center must be located near a college or university which offers a child care course. Such training is very expensive. Finally, the staff which participates in college courses need to make a long term commitment to this training - they must be willing to attend a class and do the work for a whole semester; if they are interested in obtaining a degree, they must be willing to make this sacrifice semester after semester.

Depending on the center's budget, there are a number of options for financing college credit courses:

1. The center contracts for a course from a college for its staff. The center specifies what needs are to be met with this course: it can select the subjects covered and suggest the kinds of readings and assignments to be included. In most cases, the class is not open to other students. It is held at the center or some centrally located site. The center pays for the whole class.

2. The center pays whole or partial tuition for a staff member enrolling in a course. Sometimes this payment is a reimbursement for a successfully completed course.

3. The center can not afford to pay for the course but allows release time for the staff member, i.e. two hours per week.

A final note of advice. All people learn differently but most people learn when their minds are stimulated and the learning experience is enjoyable. You want your staff to look forward to these training sessions, to be enthusiastic participants and to gain something from them. The same kind of training week after week will begin to bore the most dedicated child care worker; the wide range of techniques and experiences used throughout the year helps promote interest and sustain enthusiasm.

Anne Nemetz-Carlson, M.A., is a Preschool Specialist in Marshall Michigan.

7. Suggested Topics for Child Care Training

Anne Nemetz-Carlson

I. Child Development

- -The Differences in Two, Three and Four Year Olds
- -The Whole Child: Intellectual, Emotional, Social and Physical Development
- -How to Observe Children
- -Assessing Special Needs of Children
- -Theories of Child Development
- -Differences in Preschool Education
- -Promoting a Child's Positive Self Image
- -Alternative Methods of Child Discipline

II. Creating a Learning Environment

- -Room Arrangment
- -Scheduling Activities
- -Safe-proofing an Environment
- -Individualizing Learning Activities
- -Creating a Warm, Loving Environment

III. Learning Activities/Curriculum Areas

- -Language Arts
- -Art
- -Blocks
- -Dramatic Play
- -Science
- -Math Activities
- -Woodworking
- -Music

IV. Working with Parents

- -Involving Parents
- -Parent/Teacher Conferences

V. Health

VI. Nutrition

VII. Administrative Procedures

- -Record Keeping
- -Supply Management
- -Staff Scheduling

VIII. Utilizing Community Resources

- -Department of Social Services
- -Health Department
- -Mental Health Clinics
- -Family Counseling Centers
- -Legal Aid

8. Volunteer Resources

As part of in-kind, or donated goods and services, unpaid volunteer efforts can contribute to general or specific program goals. A card file with the headings listed below could provide the source for a variety of volunteer help. It is helpful to provide a verbal orientation for volunteers, as well as written policies and expectations. Volunteers and paid staff should be in agreement as to responsibilities, expectations and supervision of the volunteers.

1. parents and relatives of children enrolled
2. custodian and other school workmen
3. industry: occasionally industrial firms permit employees to use company time for volunteer services
4. homes for senior citizens, retirees; retired senior volunteer program (R.S.V.P.)
5. fraternal organizations
6. off-duty police and firemen
7. high school students in child care courses
8. college students, especially those in education, psychology, social work, architecture
9. local military bases
10. community/civic organizations
11. churches, temples
12. Public School personnel
13. Boy Scouts, Girl Scouts, Campfire Girls
14. interested members of the community
15. CETA employees

Community agencies may also have services available to your program. Check with them!

1. Intermediate school district - assessment of children with suspected handicaps
2. County health department - vision, hearing, and other screening, free immunizations
3. Local or county library; state library - books to borrow and sometimes a storyteller
4. Community mental health agency - for consultation and staff training as well as referral

9. Michigan Teacher Certification Information

State Board of Education Adopts Policy on Teaching Experience in Child Care Centers

On October 6, 1976, the Michigan State Board of Education adopted a recommendation which authorized the application of teaching experience in a licensed child care center towards the experience requirements for a continuing teaching certificate.

The newly adopted recommendation is specified in a September 23, 1976 memorandum to the State Board of Education from John W. Porter, Chairman:

> ...teaching experience acquired in a licensed, private "Child Care Center" may apply towards the experience requirements for a Continuing certificate under the provisions of Certification Code Rules 32 (1) (a) and 33 (2) (a) provided that the Michigan teacher education institution which "plans" the candidate's required 18 or 30 semester hour program of additional credit becomes the "sponsoring institution" for such Continuing certificate. The "sponsoring institution" shall determine that the private "Child Care Center" is duly licensed under the provisions of Act 116, P.A. 1973, that the experience is under appropriate supervision and is successful.

As Dr. Porter explains in his memo,

> Certification Code Rules 32 (1) (a) and 33 (2) (a) require that persons holding Provisional certificates teach successfully for three years as one of the conditions of eligibility for a Continuing or 30-hour Continuing certificate. For many years nursery school experience has been considered to be in a program that was educational in nature and applicable toward the experience requirement of the Certification Code. Day care center experience was not so considered. Under the provisions of Act 116, P.A. 1973, the Department of Social Services is now issuing only a "Child Care Center" license, eliminating the former distinction between programs.
>
> The Advisory Council for Teacher Preparation and Professional Development considered this issue and recommended on May 27, 1976 the adoption by the State Board of a policy that will resolve the certification problems of persons teaching in "Child Care Centers".

Reprinted from Michigan 4-C Council Newsletter, October 21, 1976

10. Bibliography

Project Head Start #1D Training Courses and Methods	Project Head Start Office of Child Development U.S. Department of Health, Education, and Welfare Washington, DC 20201	FREE
#1A Recruitment and Selection	" "	FREE
#1B Evaluating Performance and Progress	" "	FREE
Day Care #5 Staff Training DHEW publication No. (OCD) 73-23	U.S. Department of Health, Education, and Welfare Office of Child Development Washington, DC 20201	50¢
Volunteers Project Head Start #5 Volunteers	Project Head Start Office of Child Development U.S. Department of Health, Education, and Welfare Washington, DC 20201	FREE

SECTION F

PARENT INVOLVEMENT

A sensitive article by a day care parent, reflecting her needs and goals in the day care situation, begins this section. While her experiences may not be typical, the feeling accompanying her search for child care are common to many parents.

Much research has shown the importance of parent involvement in the care and education of young children in day care centers. Although there is general agreement on the desirability of parent input and participation, few centers have been successful in achieving this involvement. A report of several sessions on this topic held by the Mobile Training Project and the Child Care Administration class is included in this section.

The rule of the case worker in the day care center has been thoughtfully drawn by Esther Eckstein and her fifteen year old article is still timely. "Return of Mom," a more recent article, is an interesting summary of early childhood programs involving parents and contains some useful hints for teachers working with parents.

An outline for a Parent Handbook is also included. Handbooks should be attractive, inviting, easy to read, and have a sturdy cover. Current information on income tax deductions for child care, such as the letter from the Pound House Children's Center in Ann Arbor, should be included.

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1. A Mother's View of Day Care

by Judy Hendrickson
Escanaba, Michigan

I would imagine many a mother who now enjoys the benefits of day care had a series of mitigating circumstances which finally prompted her to turn to day care. My situation is no different. I am a divorced woman with two small children, ages 2 and 4. I was very suddenly thrust back into the job world, and my first thoughts were to get the best, but cheapest care possible for my children.

I decided the best situation for the boys would be to have a woman come into my home. That way they would be in their own surroundings and better able to be kept on a definite schedule, which I felt they needed. I live in a small town, and believe me when I tell you that women who are willing to go into your home for 9 hours a day come few and far between.

I interviewed, hired, and lost 9 sitters in the first year I worked. I had one disappointment after another and hired everyone from a controlled epileptic, who I later learned would leave my 9 month old baby in bed all day for fear she would drop him, to a 250 pound woman who ate me out of house and home. I would invariably receive notice on Friday that my sitter was terminating as of that day. This left me with two days to bend the ears of friends in a hurried search for someone - anyone - to pinch-hit for me until I could find another regular sitter.

Finally, my ninth sitter quit and the last thing she said to me was if something wasn't done about my oldest child, I would have trouble with him in later years. I panicked. Was my son's uncontrollable behavior his way of reaching out to me to stay home with him where I belonged? I felt it was. I also suspected that both my sons had finally reached their limit of adjusting to a new sitter every six weeks, and justifiably so. That following Monday morning I went in to my boss and gave him my two weeks' notice. I figured I would live on unemployment for a year and then I would have to turn to ADC until my children were in school full-time. This was a terrible decision for me to have to make but at that moment I had no inkling of other alternatives.

Fortunately, my boss was perceptive enough to see I was considerably less than adamant about the thought of living off the state for the next few years and refused to accept my notice for the time being. Instead, he gave me a list of friends who had children in a particular day care center in town and encouraged me to check into this alternative before making a final decision. So I talked to several parents and finally spoke to the Program Director of the center. She arranged an appointment to see me and told me what it would cost to enroll my boys. My first reaction was, "Oh, this is far too expensive! I could never afford to pay that much."

I was pretty negative when I went to the center and knowing they cared for 40 children, full expected total chaos when I walked in the door. Was I in for a surprise! The center was a spacious, new, two story house simply "chuck full" of the nicest equipment I had ever seen. The anticipated chaos and noise just wasn't there, nor was there regimentation to attain the order, but rather an unspoken but definite control. The aides were sitting on the floor talking with the children on their level and everyone was busy at something. The Program Director took me into her office and we must have talked for 45 minutes. She was so warm and genuinely interested in my situation and my children's needs. I went home that night, readjusted my monetary priorities and my budget, and within a week I had my children enrolled in the best possible place for them.

That was nearly a year ago and I haven't changed my mind. No matter what time of the day I enter the center the atmosphere is that same ordered, warm, happy one I found on my first day there. I never knew what was going on in my own home but here there's a schedule - flexible, but still a schedule that tells me that at 12:30 they are all taking a nap, on nice days they are outside playing and at 11:00 they are probably all engrossed in the latest adventure of Wonder Dog. Here my boys have a chance to interact with other children and make new friends - something they never had staying home in a neighborhood with no other children. My "problem child" has changed immensely in the past year. He is learning socialization, sharing, and a respect for authority which can only come from seeing the same adults each day who require the same behavior of him that I require at night. It's a true team effort and one which has helped him to become a much happier and more contented child.

Granted, as a mother I merely function as bookends for my children's care during the week. For me this is an undeniable fact in my life, but because of this, I need to feel confident that the care I have chosen for my children is competent, consistent, and warm, if not loving. With the knowledge that my day care center is providing this, I am better able to relax, enjoy my life as both working woman and mother, and come home to two happy children at the end of each day. It also makes getting up at 5:30 in the morning worth it. I now have a much healthier and more confident attitude about leaving my children in someone else's care all day, which in turn makes the time I do have available to spend with my children quality time, now that quantity time is not possible.

2. Parent Involvement in Child Care Centers*

I. Terms

Parents are involved in their children's centers not only when they come to the center for an activity or a meeting, but through understanding and furthering the center's goals with the children and fostering a unified approach to their children's education. Parent participation in the center, parent involvement at home, and parent education are all different, but all contribute to the meaningfulness of the child's early experiences in the center.

II. Inhibitors to Parent Involvement

- A. Lack of time for parents and staff
- B. Parents' images of themselves
- C. Staff attitude toward parents
- D. Staff behavior toward parents
- E. Parent/caretaker rivalry for children's affection
- F. Expectations (are they realistic?)
- G. Parent fears - "it must be bad news"

III. Ideas for Parent Contacts

- A. New children
  1. Initial interview with director
  2. Meeting with classroom teaching team
  3. Pre-enrollment visit by parent and child to classroom
  4. Parent stays with child on first day
  5. New parent meetings
- B. Daily parent-caregiver contact on arrival and departure; teacher greets parent as well as child
- C. Regular parent-director face-to-face contact
- D. Regular phone contact when transportation is provided
- E. Notes home
  1. "Ouch" notes for even minor hurts
  2. Happy faces for minor joys
- F. Parent "mailboxes" for messages
- G. Parent newsletters
- H. Regular formal conferences
- I. Home visits
- J. Parent bulletin board

IV. Ideas for Parent Participation in Center Activities

- A. Father's Night
- B. Open house in the evening; care provided for children
- C. Observation day (parent chooses time; one hour minimum)
- D. Harvest Dinner or Lunch; picnic
- E. Open House on parents' lunch hours
- F. Invite parent to lunch on child's birthday
- G. Parent float in parade
- H. Whole family trips or programs
- I. Invite parents to staff development programs
- J. Invite grandparents, extended family to visit
- K. Ask parents to go along on field trips

*Report of Mobile Training Project and Child Care Administration Class sessions compiled by Esther R. Buch.

V. Ideas for Parent Participation in Center Decision-Making and Operation
   A. Co-operative center -- parents work shifts
   B. Act as substitutes
   C. Volunteers in classrooms
   D. Each parent chooses a job
   E. Each parent offers a speciality
   F. Fix toys or equipment; mend clothing, sheets, smocks
   G. Work teams or days
   H. Fund-raising
   I. Parent members of Board
   J. Parent-staff decision making committees
   K. Evening coffee -- discuss issues
   L. Parent manual includes form for suggestions and signature stating parent agrees to conditions
   M. Solicit volunteers and donations
   N. Save "beautiful junk" for center

VI. Workshop/Parent Education Ideas
   A. Make-it and take-it workshops especially for holiday presents
   B. Cooking as learning
   C. Learning through home experiences
   D. Community resources and services for parents
   E. Parent lending library of adult books, children's books and toys
   F. Special training in nutrition, child care, reading to children, family relationships
   G. Exchanges of recipes, patterns, magazines

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Child Welfare, January 1962.

3. The Function of the Caseworker in Day Care Centers

Esther Eckstein

The function of the caseworker in day care centers is often described as "giving casework services to families." I have found, however, that this is only partially true, and unless the caseworker understands as much she is often confused about the services she does render.

"Giving caseworker services to families" echoes the major function of the traditional family agency, which has the caseworker as its primary enabling force and casework as its method. In contrast, the function of the day care center is to offer group care for children as a supplement to family life. The teacher is its enabling force, the group process its method. The fact that family casework is the special competence of the family agency caseworker does not mean that she can extend the function of an agency that uses casework as its primary method of providing service to a different type of agency. Nor can she be merely an adjunct-working in a center but not a part of it; rather, she should be integrated into the totality of the day care center's services. As such, her function is widened from "casework services to families" to "service to the day care center," with the caseworker relating herself to the dynamic interdependence of day care and casework services. Thus, the caseworker's function in relation to staff becomes as important as direct service to families- She can implement and supplement service not only by giving specialized service to parents and/or children, but also by broadening and deepening the understanding of the dynamics of behavior so that effective programming can be developed. Through demonstration, she can also interpret the strengths and limitations of casework and of community resources in general.

DIRECT AND INDIRECT SERVICE

There is often a tendency to create a false separation of caseworker/staff emphasis and caseworker/client activity, giving less importance to the former.

What appears to be two things is actually a unit, with efforts of staff and caseworker interwoven on behalf of the children and their families. Although the caseworker does have a single goal - to help parents and/or children - she reaches this by two routes: direct contact and caseworker/staff emphasis. In some instances, caseworker/staff discussion may clarify a situation enough so that the parents do not have to become involved; "fresh eyes" and "fresh ears"

point up what may have been overlooked in the daily pressures of caring for a group of children. In other instances, there is the opportunity to help staff members express grievances and irritations about a vexing child until the air is cleared for more positive planning for the child and his parents. When the parents themselves are too limited, emotionally or mentally, to use the caseworker's help, the caseworker can still be used as a source of interpretation and support to help staff understand and accept the parents' limitations.

In direct service, there needs to be a continuing flow of information-facts, feelings, strengths, weaknesses, inner and outer pressures, plans about a child and his family-between the caseworker and the staff. From this interflow, integrated planning is conceived with differential roles for the teacher and the caseworker. Where efforts are effectively interwoven it means the dynamic use of both professions, merging and separating, depending upon the particular emphasis, for the common goal of service.

Such interdependence calls for more than casework skills per se. The caseworker must be mature and flexible enough to identify with another discipline without losing sight of her own professional identity. This identification is derived primarily through a sound understanding of her own profession and through an emotional readiness to face the limitations and strengths that are evidenced in practice; she must also have a appreciation and acceptance of professional differences in working toward a shared goal.

The caseworker may find herself faced with ancient and current misunderstandings, honest confusions, and valid complaints about the casework field, along with a distorted image of herself as a person who is aloof and omnipotent and who is interested only in "problems." In reinterpreting casework specifically, the caseworker needs to be aware of the deep-rooted negative feelings between education and social work. Culturally, the caricatured social worker--humorless, unfeeling, first "poking her nose into iceboxes" and later, on a more esoteric level, "poking her nose into psyches"--faces the caricatured teacher--punitive, authoritarian, petty. Professionally, the schism has gained strength with the divergent growth of the two fields, each concentrating on its own problems of changing content and goals, with a concomitant lack of knowledge and/or understanding of the other.

Although both professions are concerned with children and families, each has tended to consider the other remiss in carrying out its expected functions. Unfortunately, confusion in implementation of these functions has led to unrealistic expectations and demands by teacher, caseworker, and community upon each other. The emphasis in progressive education on the "total child" has become fused with the psychiatric implication

of "meeting the needs of the child" within the family orbit. Consequently, the educational function to instruct has become obscured by the emphasis on the maladjusted child, with an expectation for early case-finding and referral. With the social work field reinforcing this latter emphasis, an equation has arisen in education and in the community: referral equals treatment and cure. Obviously, for the teacher and the caseworker, the failures of this equation have bred further mutual resentment.

Although each discipline speaks of "meeting the needs of children," the caseworker must be alert to differences in concepts such as: (1) emphasis on "understanding the child" but not on self-awareness; (2) development of a working knowledge of normal variations in children's growth and behavior as experienced in a group setting; (3) acquisition of techniques in the use of tangible aids-materials, equipment, and physical environment - to support and enrich the child outside of his home; (4) the numerous roles imposed upon the teacher judge, umpire, friend, dispenser of skills, etc.; and (5) interaction, not of one to one, but of child to child, child to teacher, teacher to child, group to teacher, and teacher to group, for several hours each day, with much physical, intellectual, and emotional activity that is "in the open," to be seen, heard, and judged by a variety of observers.

In addition, the caseworker must understand the meaning of programming, of "the group" and "the individual," and acquire the technique of observation. This will not only enrich her own diagnostic skills but will also enable her to be more effective in working with staff.

PROGRAMMING

Programming is the core of day care service. As casework is more than "listening to people's troubles," so programming is more than "activities." As the casework process is the entire experience of caseworker and client working together, so programming is, in its fullest sense, the entire experience of teachers and children living together daily. Programming recognizes that the child, like the client, is the sum total of his life experience; it uses clues from his verbal and nonverbal behavior to provide the kind of emotional climate and satisfying experiences necessary for his growth as an individual and as a member of the group.

Like the caseworker, the teacher uses herself as well as her skills, aware that she is an integral part of programming and that understanding behavior is not enough without being able to translate it into various program elements. Unlike casework, however, programming does not focus upon the direct one-to-one relationship between teacher and child to the exclusion of others.

The caseworker must learn to differentiate the program elements-indoor and outdoor play periods, free play, directed play, routines--any one of which may play a more important role than another for the child, the teacher, and the caseworker. Some children find the confines of a room more comforting than the temptation of outdoor space with its invitation to run and jump, climb and chase, and be more aggressive. Others may be restricted in free play but outgoing in directed play. "Routines" are routine only in the sense of their daily regularity, for conflicts among the child, the teacher, and the caseworker often become evident in the routines of eating, napping, dressing, toileting, and cleaning up. These are considered necessary social requirements, and differences in expectations between the home and the day care center can cause concern.

The caseworker adds to her diagnostic skills by learning to recognize individual play levels regardless of chronological age levels and the play level of the group itself. Sometimes immature play is because of a lack of experience with materials and equipment, emotional or physical retardation, or a combination of factors. Good programming is aware of these varying levels and involves the child as an individual as well as a member of the group. It may mean teaching a special skill to give the unsure child a sense of achievement, understanding another's need to practice self-assertion, or giving more individual support to one child. Good programming also provides the kind of group activities that offer a satisfying experience of healthy interdependence and of accepting differences without loss of cohesion.

The caseworker is heavily dependent upon programming since it should provide a sound reality-testing ground for the child, the teacher, the caseworker, and the parent. Only when a child cannot respond constructively to good programming in its fullest sense does the caseworker step in with direct casework service. When programming becomes basically weak and ineffective, diagnostic assessment of a child and his family may be distorted by what can be a natural reaction to poor programming. In such instances, neither the parent nor the child can be properly involved, for the caseworker should not be used as a substitute or crutch for continuously poor programming.

THE GROUP AND THE INDIVIDUAL

The caseworker must soon come to grips with the question, "Which comes first, the individual or the group?" and with such terms as "adjustment to the group," or "groupness." Placing the individual and the group on an either-or basis is false and dangerous. Both are intricately interdependent, with a balance that should be a shifting one as each requires more or less dependence on the other. A constant equal balance, such as when group influence dominates to the detriment of

individual growth or when individualism prevails, would prevent the necessary group cohesion. Group influence is not groupness, nor is individualism individualization.

A group is a collection of people, but groupness is the intangibility of attitudes and feelings, which are often confused with the tangibles of activity of children and/or adults doing or feeling the same thing at the same time. Groupness is a sense of belonging but not being possessed, of sharing common interests but also accepting differences.

It is an emotional climate under which, when used constructively, children and adults thrive. True groupness, however, cannot be achieved unless there is a sense of individual well-being. That is why the phrase "adjustment to the group" is fallacious; it gives the impression that the child adjusts by yielding and merging himself with his group. Actually, the phrase should be "individual growth based on a satisfying group experience." In this latter framework, the group setting becomes a means toward helping the child, first, to adjust to himself through an awareness and appreciation of his capacities and potentialities, second, to achieve the successes and skills he needs, and third, to use these as a bridge to his peers. It is on this basis of individual satisfaction, shared by and with others, that individualization and groupness develop. It is not deciding which comes first, the individual or the group, but the weighing of values to each in terms of the shifting balance of emphasis. There are many times when a child needs to be removed from the group temporarily or permanently because neither can tolerate the other or because the child has an inordinate craving for the individual attention he cannot get in a group setting.

The caseworker's function will be affected by her ability to recognize both the group's influence and the parents' influence on a child and to correlate the often differing expectations of parents, staff, community, and herself for the children in behavior and in social skills. For instance, she may forget that on a young age level group living in day care centers requires an early, superficial maturity in dressing, lining up, eating, etc., to which a child may react by being petulant and demanding at home, or that releasing an inhibited child may create havoc with his parents. She must always consider whether the child is a problem only to himself, to the teacher, to the group, or to all three, or whether a burden of guilt is being placed upon a child when the problem may lie with programming or group composition.

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Unfortunately, too many of us still believe in the magical quality of "learning to get along in a group" in order to develop social adaptability. As a result, we often overlook the use of the group as a "hiding place" for those children who are social but prove to be emotional isolates

and those children who hide a burden of resignation under a so-called adjustment. It is a passivity to overwhelming forces that puts them into nurseries, day care centers, etc., denying them the right to go home or to be at home.

OBSERVATION OF CHILDREN

The first impact of observation is usually that of deafening noise. The sensitive caseworker, however, can soon learn to distinguish between happy noise and hysterical noise and to become quickly aware of the emotional climate. The second impact, which may continue at length, is the effect of certain types of behavior upon one's intellectual and emotional bulwarks. The third may be one of bewilderment in trying to see what one wants to be. Observation needs to be structured in relation to the child and his use of materials and equipment, other children and teachers. His approach to materials, the kinds of materials and equipment chosen and how they are used, the types of children approached or avoided, the roles played in subgroups, his use of the teachers, can yield important clues in understanding the child in the group. Combined with what the teachers see and hear, the caseworker can usually derive some diagnostic sketch in a relatively short time.

Observation of children needs to become a habit--watching them and talking with them as they come and go, in their rooms or out of them, wherever they are. Only in this way does one begin to experience and incorporate the wide range of normal behavior and understand something of group dynamics. One becomes used to the different tempos within an age level, to the ebb and flow from one developmental level to another, and to the uneven growth of ego and superego, with the revelations of struggle in various behaviorisms.

One very important reason for this concentration on the normal child is that teachers and caseworkers may become too focused upon "problem children": they need to have some balance restored as to who or what is the problem. Then too, like the skilled, experienced teacher, the caseworker finds that she has absorbed normal variations to the extent that, for instance, she may sense and explore further the child whose screams at play seem different from the others, or among the restless, angry children, spot the one who is "different."

SUMMARY

The broadening of the caseworker's function to "service to the day care center" stresses the necessary interdependence of education and social work, with each enriching the other through its special knowledge and skills.

For the caseworker, particularly, her emphasis with staff, which may often take precedence over direct service, gives recognition to the preventive aspect of casework through helping another discipline to meet some of the needs of children and families.

When home is school and school ...

4.

Return of Mom

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BY SARA STEIN AND CARTER SMITH

Getting mothers involved in the rearing of their own children may be the most important educational movement of the ... not the "mother knows best" ... involvement that assumes every woman who picks up a baby understands "instinctively" what to do. Most women don't. In fact, if educators have had a single message for parents during the past decade, it has been that parents have done a generally good job of messing things up. Home, and not school, has been taking most of the blame for educational failure. But ask the Office of Child Development what is the most critical ingredient of early learning. Ask community groups setting up day care centers, ask educational publishers, ask child psychologists and educators of almost any philosophical stripe. All of them will answer: parents.

The new emphasis on parent involvement rests heavily on the broken dreams of the 1960s—a decade of compensatory education, enrichment programs, "head starts," and "follow-throughs." There was a dream that the poverty cycle could be broken, that every child could attain his full potential. For many children, however, the disparity between their ability and their performance is still a gap of despair. Rich and poor remain starkly identifiable by IQ, reading level, and report card.

Only a few years ago the way to close the gap seemed clear. Jean Piaget's meticulous experiments had documented how experiences shape cognition from earliest infancy. Benjamin Bloom's statistical studies revealed that 50 per cent of our ability to learn is built by age four and that from then on greater effort is required for less gain—a clear case of diminishing returns, a clarion call to earlier education. And even while other research disputed the importance of early learning (in interview with Jerome Kagan, III), educators thought they had ... keys to disparities in learning ... between rich and poor children. One key was early stimulation of children through mobiles, toys, and games that had long been part of the "hidden curriculum" of middle-class homes. Another key was language: "Get me your red shirt from under the bed" tells a child more ways of thinking about both shirt and bed than "get that," the vernacular of less-articulate parents. A third key was exploratory behavior: babies investigating steps and cupboards learn more than babies confined in playpens.

It seemed logical that if schools could intervene early enough and teachers could provide stimulation, encourage exploration, teach skills, and talk a lot, the miracle would happen—intelligence would soar. And it did—or so it seemed. By intervening in a child's education by the time he was two and a half or three, schooling could raise his IQ by 5 points, 10 points, even an incredible 30 points.

By 1965 the rush into early schooling was on with the start of federally sponsored Head Start . . . until it ran smack into its own results. A controversial study by Westinghouse in 1970 cast grave doubts on the effectiveness of Head Start for many children. One by one other programs begun with bright hopes met with the same disappointment—dramatic initial gains washed out within four or five years.

One response was to begin schooling even earlier. Infant day care was started at both the community level and in the university laboratory. Again the research results supported the efficacy of earlier learning. Burton White, director of the Harvard Preschool Project, found that the period between 10 and 18 months was critical to a child's development. His studies also indicated that accurate predictions about a child's future IQ scores can be made at two years of age, and that differences between lower- and middle-class children are evident as early as one year of age.

But to confuse research findings with solutions is a dangerous business. The finding that infant learning is related to later ability does not necessarily indicate that babies should go to school. While it is true that programs for preschoolers have worked because environment does affect intelligence, it is also true that few programs have maintained gains. Environment was not conceived broadly enough: the environment that affects children for all the years of their growth is at home, not at school. A crucial ingredient has been missing. In the words of the Cornell child development authority Urie Bronfenbrenner, "Any appreciable enduring improvement in the child's development can be effected only through an appreciable enduring change in the behavior of the persons intimately associated with the child on a day to day basis." Those persons, for most children, are parents.

Early learning in school can work, in a limited way, but school will never be home. The complexity of family relationships cannot be reproduced. The bond between mother and child is qualitatively different from the bond between care giver and baby. No one teacher, no one institution, will see a child from his infancy through all the years of his growth, in chicken pox and scary dreams, lost in a department store, cranky on Christmas morning, fighting for the television, laughing at inscrutable family jokes. The frequency with which mothers have to explain their child's behavior in school by referring to events at home points up the difference: the core of a child's life is his home; school, no matter how good, is peripheral to his growth.

But focusing on the home as the main center of learning unearthed almost as many problems and contradictions as did the discovery that early learning was important. Getting parents involved in the education of their young children is tricky business. Each kind of involvement has its own unique pitfalls.

Traditionally, parent involvement has meant parents' working with institutions—choosing teachers, developing curriculum, assisting with the children. Head Start was based on this sort of parent involvement, and more and more day care centers and pre-

Sara Stein is editor of The Open Home, *a magazine for parents of young children. Carter Smith is a director of the Day Care and Child Development Council of America.*

schools are not only including parents as aides and in the decision-making process but offering mothers and fathers education in child development.

More recently, parent involvement has centered on educators working in the home—training parents to be effective teachers, supplying learning materials, or showing parents how to use what they already have to better advantage. Home Start, the new federally sponsored program, and a variety of home-visitor programs are exploring this approach. Still another kind of parent involvement contains elements of both home-based and institution-based training—schools that devise follow-through activities for the parents to do at home, teachers who are also home visitors, schools that function in homes instead of classrooms, and a variety of other combinations sponsored by everyone from business concerns to neighborhood kaffee klatches.

The first kind of parent involvement, programs that are based in schools or in day care centers, are hindered by the very nature of institutions. Problems between parents and teachers are thick with tradition. Education has dictated, and parents have believed, that school is where learning *happens*, that teachers know best. All too often parents, leaving their children at the kindergarten door, abdicate further responsibility for their education except to nag about homework and check report cards. Teachers, unchallenged and unhelped, have defended themselves with omnipotence and armed themselves with righteous love of children. Speaking at a day care workshop called Bridging the Gap Between Parent and Staff, one magnanimous gentleman said, "If teachers have 80 per cent to give and parents only 20 per cent, that doesn't make the 20 per cent less necessary." No one remarked that 20 per cent is rather less than half.

Even when every effort is made to avoid the patronizing stance of the expert, schools have found that the very act of "educating" parents to cooperate with institutions implies criticism of parents. For instance, spanking and hitting are not used as means of discipline in early learning centers. Many poor families consider spanking not only necessary but virtuous. Complaints that the teachers ought to spank children when they misbehave are familiar in any center that serves the poor. If teachers and parents are to bridge any gaps, the rule against physical punishment must be explained. And yet to do so is to state a belief that spanking is bad for children and, by implication, that parents who spank are bad parents. Carrying the logic further, the teacher is raising the child better than his mother can. True involvement is learning not of criticism but of self-interest, as many day care centers are learning. Parent education doesn't happen when a teacher tells a mother that spanking is bad for her child. It does happen when a teacher shows a mother methods of discipline that simply work better in getting him to stop whining, biting, fighting, hassling his mother. Teachers must learn from mothers where to start: what bothers *her*, what *she* wants to learn. Everybody can become more expert when everybody stops behaving as an expert.

It probably is too much to expect of human nature that the teachers and the taught will at once lower their barricades and overcome the fear of criticism and inadequacy. Within the time-honored separation of school and home, parents are just as hesitant as teachers to say, "I don't know what I'm doing." But that's only part of the trouble. The whole truth is that professionals and laymen alike are nervous, because intuition and research for once point in the same direction. As Dr. John Bowlby, British child psychologist, has put it, "Children thrive better in bad homes than in good institutions."

You just can't barge in and tell a mother that she's raising her child the wrong way and how to do it right.

Parent-involvement programs that are based in the home have fewer of the old structures to tear down. They can feel freer to follow the parents' lead. In the last few years at least 200 home-based programs to help parents help kids have been created throughout the country. And several have shown promising results.

Dr. David Weikart of the High/Scope Educational Research Foundation worked with 67 families in Ypsilanti, Michigan, with infants 3 to 27 months old. Once a week home visitors spent time in talking with mothers about their fears and hopes for their children. Most of the mothers wanted the same thing—that their children do better than they had done. The visitors talked about things that children like to do and showed mothers how to recognize stages in the development of their child. High/Scope made videotapes of six families involved in the project, which are now being developed to train paraprofessionals for home teaching.

On Long Island, New York, Dr. Phyllis Levenstein, director of the Verbal Interaction Project Mother-Child Home Program, found that "Toy Lady" home-visitor programs could increase the IQs of poverty-stricken children by 17 points. Teachers visit homes with commercial toys and books, show mothers play and language techniques, and leave the toys behind for mother and child to use. The emphasis is on helping the children become more articulate and self-confident, and—perhaps most important to mothers—show visible gains in kindergarten skills.

Dr. Ira Gordon, a pioneer of infant learning at the University of Florida, found encouraging side benefits from his Parent Educator program, a program that sends "parent educators" into homes to show mothers how to play helpful baby games. When the mothers saw that they could have a positive effect on their children's development, their self-esteem as women improved. A number of "graduate" mothers moved to better housing, found better jobs, and even went back to school.

Encouraged by these findings, the Office of Child Development launched Project Home Start in 1971. It is a three-year demonstration project that brings the comprehensive child-development services of Head Start into the home. Home Start is built on the premise that if home visitors can raise a mother's self-esteem by attending to her needs; helping her use community resources to locate better housing, legal counsel, or better health care; or even teaching her how to use the library—her dealings with her children will improve.

Each of the 16 Home Start projects receives $100,000 a year to serve about 80 families. A total of 2,500 children are involved—black and white, Eskimo, Navajo, migrant, Spanish speaking, Chinese, urban and rural. The home visitors are paraprofessionals—women who live near the families they serve. They point out materials in the home that can be used as educational toys or show mothers how to invent games that involve classifying, counting, or identifying objects. A Home Start program in Tennessee prepares a weekly guide for parents to use in conjunction with the *Captain Kangaroo* TV program. Other visitors help mothers evaluate newspaper food ads or aid them in preparing supper while showing them how to involve their young children in the kitchen—by noting color, textures, and shapes of food and kitchen equipment and counting eggs, spoons, and other items.

They also talk with the mother about what she is doing to further her child's development—and how she can do it better.

"Mothers are awfully concerned about what it means to be a mother," says Ann O'Keefe, the director of Home Start. "Interest in parent education is surging because parents in all economic conditions, from a wide variety of locales and with different ethnic and cultural backgrounds, with children of all ages, are searching for support and guidance in the difficult task of rearing children in a world caught up in future shock. Many parents want to be a part of a program which supports their relationship with their children. Home Start acknowledges and builds on a significant strength and resource—the parent—and its simple, straightforward approach appears to have struck a responsive cord in today's America."

But despite hopeful signs, home-based programs are not everyone's first choice as the way to early learning. Evelyn Moore, director of the Black Child Development Institute in Washington, D.C., has criticized home programs: "From a black perspective, [one] major pitfall inherent in this [Project Home Start] family day care program [is] intervention in the positive, children-rearing methods that have existed in our homes over the years and are mainly responsible for the survival of blacks in a hostile society. . . ."

The issue here is cultural difference, but not as it pertains to parents' goals for their children. Studies show that most parents want the same things for their children: to do well in school, to get a good job, to live a fulfilling life. What does appear to be different are the techniques of communicating, of teaching, of disciplining, of interacting —that seem to hinder the development of skills in poor black children, while they help middle-class children succeed. The child-rearing techniques of middle-class whites—exploratory, verbal—are generally instrumental to their goals. The techniques of the low-income black families—authoritarian, less verbal, with an emphasis on rote learning rather than exploration—are often destructive of their goals.

If that's clear, and it is to many pros in the field, then all that seems necessary is to barge in and tell people what they're doing wrong and how to do it right. The trouble is that no one likes to be interfered with. Maybe home is where it's happening, but do we know how to get our foot in the door, or, once in, how to get a mother to sit still for a lecture on child rearing?

The task of the home visitor is not identify deficiencies, but to find out what a mother really needs. What bugs

Teaching Tools for Mothers

MAGAZINES & NEWSLETTERS	For more information write:
The Black Child Advocate *Monthly free with membership*	Black Child Development Institute, Inc. 1028 Connecticut Avenue, N.W. Suite 514 Washington, D.C. 20036
Mister Rogers' Letter *Monthly $2/year*	Family Communications, Inc. 4802 Fifth Avenue Pittsburgh, Pennsylvania 15213
The Open Home *Monthly $5.95/year*	159 West 53rd Street New York, New York 10019
Parents Magazine *Monthly $3.88/year*	80 Newbridge Road Bergenfield, New Jersey 07621
Sesame Street Magazine *Monthly $3.50/year*	North Road Poughkeepsie, New York 12601
Toy Review *Quarterly $2/year*	383 Elliot Street Newton, Massachusetts 02164
RECENT BOOKS	**Available at bookstores or write:**
Baby Learning Through Baby Play by Ira Gordon *Paperback $3.95; Hardcover $5.95*	St. Martin's Press 175 Fifth Avenue New York, New York 10010
How To Parent by Fitzhough Dodson *Paperback $1.25*	New American Library 1301 Avenue of the Americas New York, New York 10019
I Saw a Purple Cow by Ann Cole, Carolyn Haas, Faith Bushnell, and Betty Weinberger *Paperback $2.95; Hardcover $5.95*	Little, Brown & Company 34 Beacon Street Boston, Massachusetts 02106
Learning Through Play by Jean Marzollo and Janice Lloyd *Hardcover $7.50*	Harper & Row 10 East 53rd Street New York, New York 10022
Parent Effectiveness Training by Thomas Gordon *Hardcover $6.95*	Peter Wyden, Inc. 750 Third Avenue New York, New York 10017
Steven Caney's Toy Book by Steven Caney *Paperback $3.95; Hardcover $8.95*	Workman Publishing Company 231 East 51st Street New York, New York 10022
PRESCHOOL-LEVEL BOOK CLUBS	
Beginning Readers Program *Monthly $1.95/month*	Grolier Enterprises, Inc. Sherman Turnpike Danbury, Connecticut 06816
Read Aloud Book Club *Monthly $1.98/month*	Parents Magazine 80 Newbridge Road Box 161 Bergenfield, New Jersey 07621
Weekly Reader Children's Book Club *Monthly $1.69/month*	Primary Division Xerox Education Center Columbus, Ohio 43216
PRESCHOOL-LEVEL MAIL ORDER LEARNING PROGRAMS	
Earliest Years Programs (birth to 24 months) *$5.95/month*	EDCOM Princeton, New Jersey 08540
Games to Grow on (birth to age 6) *$1.95/month*	Grolier Enterprises, Inc. Sherman Turnpike Danbury, Connecticut 06816
FOR INFORMATION ON DAY CARE RESOURCES:	
Black Child Development Institute 1028 Connecticut Avenue, N.W. Washington, D.C. 20036	Day Care and Child Development Council of America 1401 K Street, N.W. Washington, D.C. 20005

mothers? Certainly not their child's inability to master concepts of "same" and "different" or order objects by size, but most probably squabbling, teasing, noise, messiness, whining, nagging, and wildness. A good "how to" story comes from Dr. Susan Gray of Peabody College, Nashville. In Dr. Gray's home-visitor program, a mother complained to the visitor that she was constantly fighting her two-year-old over the few possessions she owned. What little she had was so dear to her that she could not let her child mess with it. As a result, the child's exploratory behavior was frustrated, and the relationship between mother and child was angry, exhausting, and ungiving. But the home visitor sympathized with the mother's need to have things of her own, and they talked about its importance to her feelings about herself. With that support it was not hard for the mother to see that her daughter also might tie her feelings about herself to what she owned—except that she, unlike her mother, didn't own anything. It was a revelation for the mother to see that both she and her daughter really felt the same way. A small cache of toys and household things was given to the child, and soon she was able to leave her mother's things alone.

The lesson: there are onerous differences between a program that says, "We're interested in helping your child," and one that says, "We're interested in helping you." Anyone who seems to take sides with a mother's child—whether "expert" neighbor, mother-in-law, or home visitor—is an unwelcome guest. But anyone who is ready to help the mother—whether it is to get more free time for herself or to get a cranky child to behave in the supermarket—is bound to be invited in and even given a cup of coffee.

To some parents, both home visitors and institution-based parent-involvement programs are unwelcome. They prefer to rear their children in privacy and in their own way. But just the fact that visitors are unwelcome doesn't mean that help is unwelcome. When a series for parents called *How Do Your Children Grow?* first appeared on public television in New York, parent response was enthusiastic. Abundant mail encouraged the program's continuance. Fred Rogers of *Mister Rogers' Neighborhood* has started work on approaches to a parent-education television series. And the Nassau County, Long Island, school board has developed two pilot programs for a parent-directed, child-oriented TV series called *Room to Grow*.

The Nassau County Board of Cooperative Educational Services will also be distributing another do-it-yourself home curriculum called "While You're At It." In the form of 200 recipe-sized cards, it shows parents everything from how to make toys and how to keep a child occupied through a long wait at the clinic, to ways to include children on household chores. The "While You're At It" cards are based on Burton White's findings that the most effective mother is the one who has learned to respond to her child in a natural way as she goes about her daily chores. Sitting down for a prescribed hour of "educational games" puts a strain on both mother and child. But working the child's education into the mother's life "while she's at it" is an easy and fun way to make learning an all-the-time event.

Involving parents in the use of standard educational toys and school materials is also becoming more popular. Recently McGraw-Hill distributed bumper stickers and helium balloons as part of a huge campaign to get parents involved in home activities using their children's own kindergarten materials. Grolier Enterprises started a toy-of-the-month program that includes parent-education materials that are not specifically related to the toys themselves.

Intuition and research are for once pointing in the same direction: "Children thrive better in bad homes than in good institutions."

As more experience is gained in working with parents, the possible combinations of home- and school-based activities multiply. The Living Room School, a school-in-the-home day care program in Nassau County, Long Island, not only uses home visitors but is also the source of "While You're At It" cards and the *Room to Grow* television pilots. The Appalachia Educational Laboratory developed a five-day-a-week children's television show in conjunction with home visitors, toys, parent publications, and mobile preschools. The cover of their brochure reads: "You might say we've developed a preschool education program for parents."

Parent-education activities are proliferating, because parents are recognizing—and admitting—that they need help in the all-important task of child rearing. The Mosteller-Moynihan reassessment of the 1965 Coleman report on race and education confirmed Coleman's findings that family background is much more important in determining a child's educational achievement than is the quality of his schooling. This, along with other studies, puts a tremendous burden on parents, and particularly on mothers, to succeed where the schools apparently cannot.

It seems that a woman's responsibility as a mother is becoming increasingly confused. She is no longer accorded the status of a professional homemaker—holder of secret recipes, master of the fine seam. Her role as a mother has been denigrated as well, as though it were some lower-order occupation, mechanical and boring. And yet if she tries to raise her status by shipping her child off to nursery school and taking a job, the message of her crucial role as mother has filtered down to her just enough to cause painful guilt. By gaining more time for the very pursuits that might raise her self-esteem, it's as if she were committing the sin of child abandonment. Perhaps the most important function that a serious study of parenthood can serve is to raise child care above the level of nose wiping and squabble stopping. And if parent education starts by lending a sympathetic ear to a mother's petty gripes and big troubles, guilt will give way to the sure knowledge that a woman who feels good about herself will become a better mother.

The first baby a woman holds is likely to be her own. Inexperienced, untrained, scared, most parents are ready now to drop the romantic notion of "maternal instincts." They don't know what to do; they want to learn. And with the new movement toward parent involvement in all its kaleidoscopic forms, the means are becoming available.

Politicians are realizing that the more parents learn about the promise of early learning, the more they demand help from the government in providing universal comprehensive child care—whether it be more and better centers or in more enlightened and involved homes. As parenthood education and involvement in a child's early learning reaches American homes, more mothers will know more about children than they ever have before. As the variety of alternatives grows—home learning, family day care, child care facilities in offices and factories, home visitors, infant day care centers—more mothers will have more choices than ever before. Once she knows what she is doing, a mother will be able to turn from full-time child care to some alternative of her own choosing without relinquishing the crucial role she plays in her child's life. □

5. Outline for a Parent Handbook

Arlene Brewster,* 1975
Revised -- Esther R. Buch, 1976

NAME OF CENTER
ADDRESS
TELEPHONE NUMBER
DIRECTOR

1. Table of Contents
2. Brief description of center program and behavior management philosophy
3. Sample schedule of a day
4. Field trip policy
5. Services provided: hours and days of operation
6. Admissions policy: enrollment and withdrawal requirements
7. Fees: when due; payment for absences; sources of assistance with fees (i.e. sliding scale, Department of Social Services)
8. Transportation arrangement
9. Yearly calendar
10. Health Policy
11. Parent responsibilities
12. Opportunities for parent involvement in center
13. Staff-parent communication
14. Food program: sample menu
15. Staff by name or title and qualifications
16. Statement of center governance: Board of Directors

Optional

17. Budget including services provided by community
18. Behavior to expect from a child beginning preschool
19. Community resources guide for parents
20. Suggested activities for parents and children
21. Income tax deductions for child care
22. "Beautiful Junk" to save for recycling by center

*Arlene Brewster, M.A.T. -- is a doctoral student in the Combined Program in Education and Psychology, The University of Michigan.

POUND
children's
center
HOUSE

1024 hill street ann arbor, michigan 48109 tel. no. 764-2547

6. Income Tax Deductions for Child Care

MEMORANDUM

To: All parents January 30, 1977

From: Tom Weisskopf

Subject: Child care tax credit on your federal income tax

You may well be able to get back 20% of your 1976 Pound House tuition fees (as well as other child care expenses) in the form of a child care credit on your 1976 federal income tax return. The 1976 Tax Reform Act changed the manner in which qualifying parents with child care expenses can reduce their federal income tax. The old child care expense deduction has been eliminated and replaced by a child care tax credit equal to 20% of the expenses paid during the year. This 20% credit is deducted directly from your final tax liability, so its value does not depend on your income bracket as the old deduction did.

To qualify for the child care tax credit, single parents must have been gainfully employed* during the period when expenses were incurred. If you are married and living with your spouse, then either (i) both of you must have been gainfully employed* or (ii) one of you must have been gainfully employed* and the other a full-time student for at least 5 months of the year. If married, you must file a joint return to claim the credit.

There are limits on the amount of child care tax credit that you can claim on your federal income tax return. First of all, you cannot claim more than a total of $400 in credit if you have one child under 15, or $800 in credit if you have 2 or more children under 15. Secondly, you cannot claim more than 20% of your earned income (if you are single) or 20% of the earned income of the spouse with the lowest earned income (if you are married). If one spouse is a student, you count the earned income of that spouse - for this purpose - not as zero but as $166 per month for each month as a full-time student (if there is one child) or $333 per month (if there are 2 or more children).

To claim the credit for child care expenses you must file Form 2441, which is not included in the standard Form 1040 package but must be obtained separately. For further details on the credit, see the "Instructions for Form 2441" on pages 17-18 of the Form 1040 package or the separate IRS Publication #503.

*(or actively seeking gainful employment)

P.S. The same kind of child care tax credit will presumably be available next year on your 1977 federal income taxes

7. Bibliography

Project Head Start #6 Parents are Needed	Project Head Start Office of Child Development U.S. Department of Health, Education, and Welfare Washington, DC 20201	FREE
Parents and Teachers Together -- A Training Manual for Parent Involvement in Head Start Centers by Larry A. Rood	Gryphon House 1333 Connecticut Ave., NW Washington, DC 20036	FREE
The Day Care Book: The Why, What and How of Community Day Care by Vicki Breithart with articles, ideas and help from the women and men of the day care movement.	Alfred A. Knopf	$3.95

SECTION G

CHILD DEVELOPMENT

Since there are many excellent publications on child development, no materials related to theoretical approaches have been developed for this Kit. However, many educational methods with young children rely on the teacher's or caretaker's acquaintance with each child's level of development in each major area: physical, social, emotional, and cognitive. When the adult understands both the child's level of functioning and the process of growth in each area, s/he can match activities and experiences with individual children to encourage their progress. In child care centers, especially those that care for children for long hours, this is not an easy task. Staff members work many hours with children and are involved in a variety of tasks. Caregivers provide for the many physical and emotional needs of young children, as well as promoting their social and intellectual development through activities and experiences at the children's levels. In addition, caregivers are often required to prepare meals, maintain the building, and perform other tasks that could be handled by support staff if such persons were available. Time and appropriately trained staff to formally "test" children are not available in most child care centers; even if they were, standardized developmental assessment tools are not necessarily the best (or most accurate) aids for programming at the child's developmental level. Systematic observation of the child at play in the daily program can provide many insights, especially if this is recorded regularly. Unfortunately, the usual high ratio of children to adults in a day care center seldom allows the luxury of time away from classroom involvement for the sole purpose of observing. Time to record and interpret observations can be made while supervising the classroom if the caregiver has been sensitized to signals of developmental progress. We have included in this section some tools and sample forms to help staff members note and organize their observations of children even in very limited time periods.

A Child Evaluation Form, used by the Southfield Public Schools, is included as an example of a form that a center could develop for the recording of observations about children. This form is designed for use as a teacher observes a child for a specific period of time. The items listed are examples of the important skills young children are developing.

Dr. Phyllis Blumenfeld has developed a system of observation of a child's play that allows a teacher to note the child's level of cognitive functioning in only a few moments. Her "Factors to Observe in Cognitive Functioning," pages G-7 to G-11, is a brief outline, with examples, of Piaget's major stages in the development of classification and seriation;

and temporal, space, and number concepts. The sample forms, pages G-14 to G-18, that follow, show how a teacher would record and then code some of those examples if they actually occurred in a classroom. The last set of forms, pages G-19 to G-23, are blanks which may be duplicated or modified if a center wishes to adapt them for its own use. Dr. Blumenfeld has also developed a form for the observation of play, pages G-24 to G-25, that sets teachers on the path of observing children's social functioning.

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1. Child Evaluation Form

Southfield Public Schools
Southfield, Michigan

Check items which apply and make comments as requested.

Child's Name_____ Date_____ Teacher_____

Birthdate_____

Physical Factors, Appearance, Self Management

___Has excessive energy, can't sit still

___Tires easily

___Is often sick

___Complains about not feeling well

___Has a sense of well being

Is able to: ___button; ___zip; ___tie

___Comes to school clean

___Clothes are often torn and dirty

___Manages personal hygiene well

___Disorganized about self, loses things, is disheveled and unkempt

Comments: (size and appearance, other)

Academic Readiness

Number readiness:

___Counts to ten
___Counts beyond ten
___Counts objects

___Recognizes some letters

___Says Alphabet

___Recognizes own name

___Can read some words

___Is able to write first name

Recognizes: ___circle; ___square;

___triangle; ___cross

___Knows his birthdate
___Knows his address

___Is able to distinguish handedness:
___Right
___Left
___Always seems to get things backwards

Knows:
___Primary colors
___Secondary
___Cannot distinguish

Comments: (attitude toward learning)

Name_____

Language Ability

___Is able to speak in sentences

___Consistently misuses pronouns

___Communicates with peers

___Communicates with adults

___Uses slang and swear words excessively

___Participates in group discussions

___Uses only one or two words

___Will not talk at all

___Has serious speech impediment

___Has immature speech for his age

___Enjoys discussions with teacher

Comments:

Coordination Skills

Fine Motor:

___Uses scissors well

___Cuts poorly

___Cannot hold

___Can use a pencil or crayon well

___Has trouble holding

___Can work simple puzzles

___Can work more complex puzzles

___Enjoys use of table toys like pegs and lego

Comments:

Gross Motor:

___Runs

___Jumps

___Hops

___Can skip

___Walks up and down stairs using consecutive feet

___Is agile

___Seems clumsy

___Is always tripping over things

___Walks a maze

Name_____

___Can walk a balance beam

___Can walk backwards

___Can do sommersaults

___Can run a maze without knocking it over

Walks peculiarly: ___Drags a foot or feet; ___On toes; ___Toes in; ___Toes out

Comments:

Social Skills

___Plays nicely with other children

___Argues

___Is easily insulted

___Is able to share

___Gives up turn on request

___Is tenacious and uncooperative

___Likes to help other children

___Is painfully shy

___Is overly loud and aggressive

___Likes to help teacher

___Can play with only one child at a time

___Can play in a group of three or more

___Initiates ideas

___Often shows devious behavior

___Is negative and antisocial

___Has concern for others

Comments:

Reaction to Direction and Structure

___Listens and understands when spoken to

___Follows simple instructions

___Likes to help clean up

___Has very limited span

___Does not seem to understand

___Likes to listen to a story

Name_____

___Enjoys singing with group

___Hangs back in most activities

___Is distructive to group

___Is anxious to learn new things

Auditory, Visual and Creative Skills

___Recognizes sound nuances like high and low

___Loud and Soft

___Can carry a tune

___Will sing alone

___Will sing with group

___Seems to have a hearing problem

___Draws pictures of people

___Elects to use creative materials

___Enjoys painting

___Enjoys clay

___Rejects art activities

___Has never shown any form in painting or drawing

___Seems to have a great deal of creative ability

___Is able to discern picture content

___Will offer a story about the picture

___Lacks imagination

Comments:

2. Factors to Observe in Cognitive Functioning

Phyllis Blumenfeld, Ph.D.*

Classification

1. sorting

example: Billy has just approached the block area and is taking the blocks off the shelf. He makes two different piles, one of the round blocks and one of the square blocks.

2. describing or picking out how things are same and different

example: Billy's paper is full of green triangles which he has made into a design. He runs out of this material, looks around the table, and picks out three more green triangles from a pile of different shapes.

3. labeling different attributes of objects:
a) size, b) shape, c) color, d) function, e) texture, f) brightness, g) number

example:

The teacher has placed objects of various shapes, sizes and colors on the table. She picks up one large and one small red triangle.

Teacher: "How are these different?"

Billy: "One's big and one's little." (size)

Teacher: (laying a blue circle next to the triangles) "How are these different?"

Billy: "This one's different. It's blue." (color)

Teacher: "How else is it different?"

Billy: "It's a circle." (shape)

Billy begins to build a tower.

Billy: (to no one in particular)
"I'll take all the red and yellow blocks and make a fence around this building." (color)

Billy goes to various places on the shelf.

Billy: "I'll get the hammer and nails and saw, so I can make something at the workbench. They all get used to build things." (function)

*Phyllis Blumenfeld, Ph.D is Assistant Professor of Education, The University of Michigan.

4. Using several different attributes to describe

example
- Billy says: "I'll take all the small square blocks and make a fence around my building." (size, shape)
- While drawing, Billy asks for the "bright, yellow crayon." (brightness, color)

Seriation

1. comparison of two things along the same dimension (verbal or nonverbal)
   a. size: big-little; short-tall; large-small

example
- Susie goes up to Janie and stands next to her.
- Susie: "I'm smaller than you, (moving to Joe). I'm bigger than Joe."

   b. quantity: few-many; more-less

example
- Susie, while choosing between two boxes of crayons, says, "I'll take the one with more." (one box has ten crayons, one has six.)

   c. quality: visual (bright-dark)
      auditory (loud-soft)
      tactile (wet-dry; smooth-rough)

example
- Several of the children are examining pieces of fabric of different texture.
- Susie: (pointing to piece of corduroy), "This is the most bumpy." (tactile)
- While children are playing with tambourines, Susie says, "Janie is playing louder than me." (auditory)

2. arranging several things in order along the same dimension

example
- Teacher: "Can you tell me which piece of material is the next to most bumpy?"
- Susie picks up a piece of felt after fingering corduroy and silk. (tactile)

example
- The teacher is showing a group of children shakers containing various grains and beans. She asks Susie to find the shaker that makes the loudest noise, then the next loudest, etc. Susie successfully puts all shakers in order. (Auditory)

example — Susie is building a tower. She puts the biggest block on the bottom and puts the blocks of sizes of descending order on top of each other. (size)

example — The teacher puts a series of cards on the table in front of Susie. Each card has a different number of objects pictured on it (1 house, 2 tables, 3 chairs, etc.)

Teacher: "can you put these in order?"

Susie succeeds at the task. (quantity)

Temporal

1. describing past events

2. anticipating future events

3. describing order of events
   1)earlier; 2)later; 3)awhile ago; 4) just now; 5)now; 6)then; 7)one more time 8)again; 9)when; 10)until; 11)at the same time; 12)first, next, last; 13)first, second, third; 14)before, during, after; 15)since; 16)while.

4. observing conventions for marking time
   1)morning; 2)afternoon; 3)evening; 4)day; 5)night; 6)today; 7)yesterday; 8)tomorrow; 9)hour; 10)week; 11)week-end; 12)snack-time; 13)clean-up time.

5. demonstrate an understanding of cause and effect (if-then)

example — Teacher and a group of children are making jello.

Teacher: (pouring jello in a bowl), "Has anyone ever done this before?"

Sally: (along with several other children), "Yes."

Teacher: "What do we do next?"

Sally: "We pour water in and then stir it up. Then we put it in the refrigerator. (describe order) That makes it hard so we can eat it. (cause-effect) One time my mother put in bananas and peaches. (describe past events)

G-10

example

Teacher: "Do you remember what happened when we went to the zoo? What did we do?"

Sally: "In the morning we rode on a bus. It was a long trip. It took lots of hours, about 20. We saw the animals and had snack-time at the picnic tables. Then we came home. (describe order of events; use conventions for marking time; morning, snack-time.)

Space

1. putting together and taking apart

example: Billy is putting together a train puzzle. He puts the engine in front, caboose in the back, and the other cars in between.

2. describing positions of things in relation to each other:
   1. in the middle, on the side of
   2. apart, together
   3. on, off, on top of, over, above
   4. under, below, beneath, underneath
   5. bottom, top
   6. in front of, in back of
   7. behind, beside, next to, between

example: Billy is playing in the block area and begins to build a tower.

Billy: (to no one in particular), "I'll take all the big, round blocks and put them on the bottom, and I'll take all the red and yellow blocks and make a fence around the building."

3. describing or responding to the direction of movement:
   1) to; 2) from; 3) into; 4) out of; 5) toward; 6) away from

example: Teacher tells children to run to the end of the play yard forwards and then then to run backwards. Billy runs to the end of the yard and runs backward.

Number

1. demonstrate understanding of quantity (without using actual numbers)

example: Teacher puts a series of cards on the table in fron of Susie. Each card has a different number of objects pictured on it. (1 house, 2 tables, 3 chairs, etc.)

Teacher: "Can you put these in order?"

Susie succeeds at the task.

2. counting by rote

example

Susie grabs a bunch of beads in her hand.

Susie: "I've got 10 beads. 1, 2, 3, 4, 6, 8, 9, 10."

In reality Susie has only 6 beads.

3. specifying number of objects

example

Susie picks up three crayons and says, "Look, I have three."

4. matching number of objects to a numeral

example

The teacher places numeral cards (1-5) on table along with object cards.

Teacher: "Can you find the number that goes with each card?"

Susie matches one house to the "1", two tables to the "2", four flowers next to the "3".

3. Instructions for Using Observation Forms

Dr. Blumenfeld has created these forms to allow caregivers to note an incident quickly, as it occurs, and then to analyze it to indicate the relevant aspects of the incident. When several incidents have been noted, the coding sheet is used. (See page G-15)

	Code	Attribute or Words	Activity	Teacher or Spontaneous	Errors
The caregiver takes a moment to write a brief summary of the incident, using the actual language of the participants.	Indicate here the sub-area in which the behavior noted is categorized.	Indicate the actual relevant words the child used or the attribute the child was using	What curriculum area prompted the incident?	Was the activity one the child initiated or did the teacher plan the activity	If the child made an error indicate it by analyzing errors. It is possible to determine exactly where child is in
		without a verbal label.		to encourage growth in this area? Did the child respond as a result of the teacher's question	acquiring a concept.
				or discussion, or was the remark entirely the child's own observation?	

4. Instructions for Using Coding Forms

A separate coding form for each area (classification, seriation, temporal, space, number) is used for each child. The concepts are listed at the left, and the analysis of appropriate incidents is copied from the observation forms, without the specific anecdote. Comparing the items helps to analyze the child's comprehension of each concept, and indicates to the teacher (especially through the child's errors) in which areas the child needs help. Materials and experiences can then be provided to encourage the child's further development.

Concepts	Attribute or Words	Activity	Teacher or Spontaneous	Errors	Attribute or Words	Activity	Teacher or Spontaneous	Errors
The concepts in each area are duplicated with the form. Blank forms are found on pages G-21 through G-23 and may be reproduced.	These items are copied from the observation sheets.				This side is repeated to allow two examples per concept.			

5. Classification Sample Observation Form

	Code	Attribute or Words	Activity	Teacher or Spontaneous	Errors
Billy has just approached the block area and is taking the blocks off the shelf. He makes two different piles, one of the round blocks and one of the the square blocks.	Sorting	Shape	Blocks	Spon.	None
Later, Billy begins to build a tower.	Sorting	Size Shape Color	Blocks	Spon.	None
Billy: (to no one in particular) "I'll take all the big round blocks and put them on the bottom, and I'll take all the red and yellow blocks and make a fence around the building."	Label Attributes -Size -Shape -Color	"big" "round" "red, yellow"	Blocks	Spon.	None
	Uses several different attributes to describe	"big, round	Blocks	Spon.	None
The teacher has placed objects of various shapes, sizes and colors on the table. She picks up one large and one small red triangle.	Same/Different	Size Shape Color	Instructional Matching	Teacher	None
Teacher: "How are these different?" Billy: "One's big and one's little." Teacher: (laying a blue circle next to the triangles) "How are these different?"	Uses several different attributes to describe	"blue circle"	Instructional Matching	Teacher	None

G-15	Code	Attribute or Words	Activity	Teacher or Spontaneous	Errors
Billy: "This one's different. It's blue." Teacher: "How else is it different?" Billy: "It's a circle."	See page G-14				
Billy's paper is full of green triangles which he has made into a design. He runs out of this material, looks around the table, and picks out three more green triangles from a pile of different shapes.	Same/ Different	Shape	Art	Spon.	None
Billy goes to various places on the shelf. Bully: "I'll get the hammer and nails and saw, so I can make something at the workbench."	Label Attributes -Function	Grouping Carpentry Table	Wood Work	Spon.	None

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6. Classification Sample Coding Sheet Child Billy S.

Observer Jane Jones

		Attribute or Words	Activity	Teacher or Spon.	Errors	Attribute or Words	Activity	Teacher or Spon.	Error
Sorting		Shape	Blocks	Spon.	None	Size Shape Color	Blocks	Spon.	None
Same/Different		Size Shape Color	Instructional Matching	Teacher	None				
Label Attributes	Size	"big"	Blocks	Spon.	None				
	Shape	"round"	Blocks	Spon.	None				
	Color	"red" "yellow"	Blocks	Spon.	None				
	Function	Grouping Carpentry table	Woodwork	Spon.	None				
	Texture								
	Brightness								
	Number							173	
Use Several Different Attributes to Describe		"big, round"	Blocks	Spon.	None	"blue, circle"	Instructional matching	Teacher	None

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7. Number Concepts Sample Observation Sheet

	Code	Attribute or Words	Activity	Teacher or Spontaneous	Error
The teacher puts a series of cards on the table in front of Susie. Each card has a different number of objects pictured on it (1 house, 2 tables, 3 chairs, etc.). Teacher: "Can you put these in order?" Susie succeeds at the task.	Quantity without numbers	Numbers 1-5	Number Cards	Teacher	None
The teacher places numeral cards (1-5) on table along with object cards. Teacher: "Can you find the number that goes with each card?" Susie matches one house to the "1", two tables to the "2", four flowers next to the "3."	Match number of objects to Numeral	Numbers 1-5	Number Cards	Teacher	Put "3 wit "4 objec
Susie grabs a bunch of beads in her hand. Susie: "I've got 10 beads. 1, 2, 3, 4, 6, 8, 9, 10." In reality Susie has only 6 beads. CR: Phyllis Blumenfeld, Ph.D.	Counting by Rote	"1,2,3,4, 6,8,9,10"	Bead Stringing	Spon.	Omit 5 &

8. Number Concepts Sample Coding Sheet Child Susie B.

Observer Jane Jones

	Attribute or Words	Activity	Teacher or Spon.	Errors	Attribute or Words	Activity	Teacher or Spon.	Errors
Quantity without Numbers	Numbers 1-5	Number Cards	Teacher	None				
Counting by Rote	"1, 2, 3, 4, 6, 8, 9, 10"	Bead stringing	Spon.	Omits 5+7				
Specify Number of Objects								
Match Numbers of Objects to Numerals	Numbers 1-5	Number cards	Teacher	Puts "3" with 4 objects				
Quantity without Numbers								
Counting by Rote								
Specify Number of Objects								
Match Numbers of Objects to Numerals								

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9. Blank Coding Forms

Child _____

Observer _____

Classification		Attribute or Words	Activity	Teacher or Spon.	Errors	Attribute or Words	Activity	Teacher or Spon.	Errors
Sorting									
Same/Different									
Label Attributes	Size								
	Shape								
	Color								
	Function								
	Texture								
	Brightness								
	Number								
Use Several Different Attributes to Describe									

CR: Phyllis Blumenfeld, Ph.D.

Child _____

Observer _____

Seriation			Attribute or Words	Activity	Teacher or Spon.	Errors	Attribute or Words	Activity	Teacher or Spon.	Errors
Comparing	Size									
	Quantity									
	Quality	Visual								
		Auditory								
		Tactile								
Arranging Order	Size									
	Quantity									
	Qaulity	Visual								
		Auditory								
		Tactile								

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G-21

Child _____

Observer _____

Temporal	Attribute or Word	Activity	Teacher or Spon.	Errors	Attribute or Word	Activity	Teacher or Spon.	Errors
Describing Past Events								
Anticipating Future Events								
Describing Order of Events (Sequence)								
Observing Conventions for Marking Time								
Cause/Effect If - Then								
Describing Past Events								
Anticipating Future Events								
Describing Order of Events (Sequence)								
Observing Conventions for Marking Time								
Cause/Effect If - Then								

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Child _____

Observer _____

Space	Attributes or Words	Activity	Teacher or Spon.	Errors	Attributes or Words	Activity	Teacher or Spon.	Errors
Putting Together Taking Apart								
Describing Positions								
Describing Direction of Movement								
Putting Together Taking Apart								
Describing Positions								
Describing Direction of Movement								
Putting Together Taking Apart								
Describing Positions								
Describing Direction of Movement								

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G-23

Child _____

Observer _____

Number Concepts	Attribute or Word	Activity	Teacher or Spon.	Errors	Attributes or Word	Activity	Teacher or Spon.	Erro
Quantity Without Numbers								
Counting by Rote								
Specify Number of Objects								
Match Number of Objects to Numeral								
Quantity Without Numbers								
Counting by Rote								
Specify Number of Objects								
Match Number of Objects to Numeral								

CR: Phyllis Blumenfeld, Ph.D.

10. Play Observation Form

Phyllis Blumenfeld, Ph.D.

This form is used to note and then analyze children's social functioning.

Child's Name_____

Activity_____

Theme
Plot:

Roles:

Setting
Words used to create make believe situation

Props or objects, real and symbolic

Actions or sounds used as substitutes for their real counterparts

Vocabulary words related to play

Interaction
Is there evidence of cooperation with other children?

Does the child tend to dominate or follow?

Is the theme followed, or does the child deviate from the role?

Comments:

What is the nature of the child's conception of the role?

Does he/she seem to have enough experience with the role in terms of the kinds of actions and words used? Does the role tend to be carried out in stereotypic or rigid as compared to a realistic or flexible fashion?

Does the child interact well with others in terms of cooperation, problem solving, sharing, etc.?

What experiences might the teacher provide in order to give additional impetus for further play around this theme?

11. Bibliography

Your Child from 1 to 6
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Publication Number 30-1962
--U.S. Department of Health, Education and Welfare 20¢
Office of Child Development
Children's Bureau

Development and Behavior from Birth to Five Years
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--Cooperative Extension Service
Michigan State University
East Lansing, Michigan FREE

Project Head Start
#12 Psychologist
--Project Head Start
Community Action Program FREE
Office of Economic Opportunity
Washington, D.C.

Away from Bedlam
Murphy, L.
DHEW Publication
(OCD) 72-18
--U.S. Department of Health, Education, and Welfare 45¢
Office of Child Development
Washington, D.C.

The Individual Child
Murphy, L.
DHEW Publication
(OCD) 74-1033
-- " " 55¢

From "I" to "We"
Murphy, L.
DHEW Publication
(OCD) 74-1033
-- " " 60¢

A Guide to Discipline
Galambo, J.
--National Association for the Education of Young Children
1969 $1.50

An Introduction to Early Childhood Development
Evelyn Linden
-- Undergoing revision; temporarily out of print

Evaluating Children's Progress - A Rating Scale for Children in Day Care, 1973
--Southeastern Day Care Project
130 6th Street
Atlanta, Georgia 30513

SECTION H

CHILDREN WITH SPECIAL NEEDS

Several factors have increased the awareness of handicapped preschoolers, and the need for programs for them.

Mandatory Special Education laws in the United States and Michigan require services to handicapped individuals from birth to age 25. Head Start has mandated that some handicapped children be enrolled in every Head Start Center. The materials we have listed below offer resources for centers working with children who have special needs. For help in assesment and planning for these children, we suggest contacting your Intermediate School District.

A section on identifying and reporting child abuse is also included. In Michigan, reporting of suspected abuse by such persons as teachers and directors is mandatory.

The form "Report of Actual or Suspected Child Abuse or Neglect" has been provided free of charge by the Michigan Department of Social Services. The cost of this form is not included in the charge for the Kit.

SECTION H -- CONTENTS

1. Integrating Children With Handicaps into Early Childhood Education Programs..... H-3

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Integrating Children With Handicaps into Early Childhood Education Programs

by Shirley Cohen

A mandate contained in the 1972 Amendments to the Economic Opportunity Act requires that at least 10 percent of the participants in Head Start be children with handicaps.* This is one of several victories the handicapped have won recently in recognition of their rights as human beings and citizens. While applauding this mandate and its direction, however, we cannot overlook the probability that its implementation in many early childhood education programs during the next few years may be uneven.

Those of us who have been involved in working with handicapped children, and in training teachers to do so, know that it takes something special to work successfully with many handicapped children, special in the sense of how you feel and special in the sense of what you know how to do.

While there may be no specific mandate to integrate the handicapped into day care centers and nursery school programs, these facilities are increasingly doing so. Local public education agencies are also preparing to recognize their responsibilities toward handicapped children by integrating them into regular classrooms. Early childhood educators must be prepared to receive these children. We in the special education community may be able to help by sharing some experiences and ideas about matters which are basic to any effort to bring handicapped children into the mainstream of child care and education.

Shirley Cohen, Ph.D., is director of the Special Education Development Center, Hunter College, City University of New York.

First, the feelings that the other children and their teachers and parents will have about the handicapped children who may join the classrooms must be recognized and addressed. Similarly, we should explore the feelings the handicapped children and their parents will have. Some of the questions, then, that we should explore when we plan to integrate handicapped children into Head Start and other programs are:

- ☐ How do the handicapped children feel about themselves and others?
- ☐ How do their parents feel about their children and themselves?
- ☐ How do, or will, the children currently in the group feel about having obviously handicapped children for group mates?
- ☐ How will their parents react to their children having these new group mates?
- ☐ And, probably most important of all: How does the teacher or director of the preschool program feel about the admission of handicapped children?

It is almost impossible to discuss the task of integration by drawing parallels between "normal" and "handicapped" children without using extremely broad, almost meaningless generalizations because handicapped children are so many things. They may be competent, gifted children who cannot walk, or bright children who want to explore their world but who cannot see. Some handicapped children may be slow to learn but are friendly and a joy to have in any group. Sometimes

CHILDREN TODAY January February 1975
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children with handicaps are puzzling and hard-to-understand. They may hurt themselves or, because they cannot express themselves in words, they may hit out in anger and frustration. They may also be frightened, withdrawn children who perceive the world and the people in it as dangerous.

Perhaps the best way to approach the task of integration is to consider: What have we been doing for our children that would be right for handicapped children? What can we do better without any radical change in approach? What may we have to work on?

We must also look at what we probably cannot do now or in the near future.

Most young handicapped children need a maximum of acceptance and support and a minimum of competition, unless by competition we mean competition with themselves toward goals that are appropriate for them and not competition against other children. But handicapped children do need those who will expect them to be able to learn and to do, not those who will feel so sorry for them that they will do nearly everything for them and expect little of them in return. We tend to forget that some handicapped children are very competent except in a limited functional area.

Many who work in early childhood education programs recognize the critical importance of parents to the development of young children and, therefore, the value of working with parents. Parents play an even more central role in the development of handicapped children. What is needed, then, is a partnership between the program staff and the parents of the handicapped children in each program.

The individualization of a program is also an important factor to consider. Head Start is one example of a program that has always been primarily individualized. This means at least two things: that children do not spend most of their day in mandated group activities, and that there has always been room for individual differences among children in Head Start, whether these differences be in interests, style or ability. Essentially, dealing with handicapped children means *extending* this concept of an individualized program. Working with handicapped children is not a totally different experience. The same principles that have been guiding teachers' work up to now still apply. However, the application of these principles will have to be extended in new ways—like changing seeing tasks to feeling tasks for children with severe visual impairments.

When referring to individualization I would also like to point out that Head Start has always recognized the need for at least two adults in each group, so that someone could always be available to relate to individual children. Special education has been behind Head Start in this respect. In the early 1960s when I was a teacher of severely disturbed children in a treatment and research center, I was the only adult in the room. If one child was screaming, crying, attacking others or hurting herself, there was only one person to attend to her and to the rest of the children, too. This situation was the rule, except for a small number of model programs. I suspect that in a majority of special education classes this is still true.

Teachers already know the children in their classrooms who need clearer, more specific directions about what to do. Some children, for example, must be provided with only a few choices at any one time. They must be helped to learn how to make choices by being asked specifically, "Do you want to work with clay or with paints?" With some handicapped children, teachers' directions and suggestions should also be very specific.

Some children already in the group need the teacher to do things *with* them, rather than to just direct them, when they are learning something. Teachers will have to *do with* some handicapped children in order to help them learn.

Most teachers have worked with children for whom learning tasks must be simplified—broken down into smaller parts to help children master each part. More of this may be required with some handicapped children.

Some children may seem to be confused and overstimulated by the richness of the center environment. Ways will have to be devised to provide areas within the classroom that are quieter, less open and less confusing.

Teachers have probably encountered some children who don't know how to play with the other children in the group. These children need to be taught how to relate to and play with their peers. Some handicapped children, who have had few opportunities to play with other children, may need this kind of help more than other children.

What does the teacher have to work on? I learned a valuable lesson when I was working with a severely disturbed boy in the first grade. Fred had been suspended from first grade the previous fall, and the principal made it clear that she was ready and willing to suspend him again as soon as I could collect evidence of his disruptive behavior. I didn't really know what he meant until Fred had been in the classroom for about two hours. We were absorbed in work when he shouted out, "There's a green cloud in the sky." After that, he really got going! We had trouble in that classroom

until I could honestly communicate to Fred and the other children that I was not thrown by Fred's behavior, that I was going to try to help him meet his needs, and that I would not let him interfere with what the other children were doing. After this we did all right, and Fred was a member of that class all year.

Yes, sometimes Fred did "get on my nerves," but so did other children who were not handicapped. What I learned in this situation is that the nature and terms of the relationship between the teacher and the handicapped child will shape the reactions of the other children to him or her and will, in the long run, strongly affect the outcome of the experience.

The next thing that teachers may have to work on is the belief that there is very little which a young handicapped child cannot do in some way. This point would not have to be made in relation to older handicapped children. Unfortunately, when one works with older handicapped children one often has to think in terms of remedial training and a limitation in goals. Happily, we are talking about 3-, 4- and 5-year-olds. We may find a child with mental retardation, but we do not know what his limitations will be in later life. We do not know this because young children are marvelously plastic. We have seen strange things happen when young children were introduced to new environments—both increases in I.Q. scores and the blossoming of asocial creatures into full human beings.

I want to illustrate this point in another way. In one classroom I observed a 4-year-old child with cerebral palsy. He was bright as can be, a mischievous delight, but he was in wheelchair and could walk only with great support from an adult. He wanted to build with blocks like other little boys. What could the teacher do? She might have set him up at a table with smaller blocks but instead she put him on his stomach on the floor in the block corner, so that he was able to play like the other boys.

Only a small proportion of handicapped children need to be physically handled with caution. For the others, there are some basic safety rules. Once these are satisfied, the teacher will be interfering with the child's growth if she tries too hard to shield him. Teachers have to be unafraid to try methods which are different but which will help the handicapped child to participate more fully.

One reason for reluctance on the part of some teachers and directors to integrate handicapped children into "normal" preschool programs is the fear that these children may "set the other children off," or "show them bad behavior." This is a fear that both teachers and parents may have. However, the handicapped child is probably less likely to engender behavioral contagion than is his active, normal classmate. What the handicapped child may well stimulate is interest which can provide rich learning experiences for all the children.

A former early childhood education teacher described an incident which occurred when a blind boy was being integrated into her kindergarten class. On his first day the child entered the classroom and began shouting. The teacher, thinking that the other children would imitate his behavior, expected them to begin shouting, too. However, the children did not shout—they began to ask questions about the boy's behavior. The boy's mother explained that her son wanted to find out how large the classroom was. Since he couldn't use his eyes to get this information, as the other children did, he used his voice. From the way his voice sounded, from the echoes it made, he could tell whether the room was big or small. What began then for this group of children was a whole new kind of awareness about how people learn, an awareness which grew out of their relationship to their new classmate.

What most teachers can't do at present and probably won't be able to do in the near future is to work with *all* handicapped children, for there are some children whose needs are so extensive that they are best met in a specialized setting. There are also some specialized experiences which are crucial to the optimal development of other young handicapped children. Physical therapy for children with cerebral palsy and a language development program for deaf chidlren, for instance, are obviously among these. It is conceivable that some centers will add these specialized services. In those centers which do not, the regular program can still serve as an extremely valuable, possibly part-time adjunct to specialized treatment programs.

A colleague once asked me to help him find a regular preschool program which his child, who has cerebral palsy, could attend two days a week. Since I knew that his daughter was in an excellent special education program, I asked him why he was looking for another one. He explained that his daughter would go to a hospital one day a week for physical and speech therapy and continue to attend the special educational program two days a week. But for two days a week he wanted her to be just a child, to play and to learn to live in a non-handicapped world. This is the essence of what Head Start or another preschool program can offer to handicapped children. ■

*See "Placing Handicapped Children in Head Start Programs" by Jenny W. Klein and Linda A. Randolph, CHILDREN TODAY, Nov.-Dec. 1974.

2. Identification of Children at Risk

J. R. Ballew, A.C.S.W.*

I. Identification of Children at Risk - based on observation of child and parent

A. Physical Condition of Child

1. Injuries
   a. bruises, cuts, slap marks, etc.
   b. reports of injuries, e.g. "Don't hit me"

2. Grooming
   a. obvious lack of attention
   b. ears, fingernails, head, and hair
   c. hair is not combed, cut

3. Clothing
   a. inappropriate for the season or activitiy
   b. dirty or in disrepair
   c. buttons and snaps frequently missing
   d. underwear is rarely changed
   e. shoes in disrepair
   f. same clothing everyday

4. Medical Care
   a. medical care is not sought after an accident
   b. neglect of obvious medical needs especially when child is ill

B. Emotional-Cognitive Condition

1. Discipline: too much - too little

2. Provision of Affection
   a. child is ignored when talking to parent
   b. parent taunts child when child is afraid or worried
   c. physical display of affection is pushed aside or makes parent uncomfortable

II. Identification of Children at Risk by Psychosocial Characteristics of Parent

A. Willingness to Use Corporal Punishment

B. Pattern of Social Isolation

C. One Child Singled Out for Maltreatment by Parent

D. Family in a Crisis Situation

*J.R. Ballew, A.C.S.W., is Supervisor, Protective Service Unit, Michigan Department of Social Services, Washtenaw County.

III. Dealing with the Presenting Problem

A. Be confident about your right to inquire

B. Abuse

1. Examine the child -- undress if necessary

2. Call Protective Services
(Washtenaw County - anytime 662-6584)

3. Interview the child - but don't push

4. Do not confront the parent

5. Fill out Reporting Form DSS-3200 (attached)

C. Neglect

1. Beware of rescue fantasies

2. Neglect is a multi-causal problem with a multi-disciplinary solution

3. Neglectful and abusing parents are frightened

NOTES

1. "Childhood Level of Living Scale" in Roots of Futility by Polansky, Shlomo Sharlin, Christine DeSaix

2. "Interviewing the Parents" by Pollack and Steele in Helping the Battered Child and his Family by Henry Kempe and Ray E. Helfer

SECTION H

4. Bibliography

Day Care #8 Serving Children with Special Needs Stock #1791-0176	--Supt. of Documents U. S. Government Printing Office Washington, D.C. 20402	75¢
The Vulnerable Child L. Murphy, E. Leiper DHEW No. (OHD) 72-19	"	FREE
Child Abuse and Neglect Series of Pamphlets OHD Nos. 75-69 75-30073 75-30074 75-30075 74-20 75-70	"	
Children Today, vol. 4, no. 3 DHEW No. 76-30014	"	
Children with Special Problems A Manual for Day Care Centers M. Dashe	-- Day Care and Child Development Council of America, Inc. 1401 K. St., N.W. Washington, D.C. 20015	
For Handicapped Preschoolers - Early Childhood Education M. Rogers	"	

SECTION I

HEALTH, SAFETY, AND NUTRITION

Dr. Virginia Nelson compiled the information on health goals, policies, and procedures in the preschool for the Mobile Training Project. She has also supplied the reference information on immunizations, infectious diseases, and chronic conditions in children.

Dr. Mark Hildebrandt and Martha Pituch were course members for the Child Care Administration course. They have provided the materials on teachers' observations of children's health, and the tips on management of common medical problems.

Dr. Susan Aronson, of the Medical College of Pennsylvania, has recently completed a project dealing with health and safety advocacy in day care centers. Some of her materials are reprinted here.

Many free booklets and materials about nutrition are available. A list of some of these is provided in the Bibliography. Other resources for free materials and advice on health, safety, and nutrition may be local, county, or state Departments of Public Health and Mental Health, and county extension services.

The Child's Health Examination Record, Child Care Organization Accident or Illness Report, Employee Health Examination Record and "Snacks that Count" have been provided free of charge by the Michigan Department of Social Services. The cost of this Kit does not include any charge for those materials.

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1. Health in the Day Care Center or Preschool

V. Nelson, M.D., MPH*
March 1977

Goals

Each Center should establish health goals consistent with its overall plan, taking the poplulation served into account. Some goals suggested by the American Academy of Pediatrics in Recommendations for Day Care Centers for Infants and Children (1973) are:

1. Promote parents' efforts to provide health services.

2. Promote planned efforts to protect, maintain, and improve the health of children by all proper means (e.g., vision and hearing screening).

3. Do not permit an act of omission or commission which would impair the health of children (e.g., accident prevention, auto safety).

*Virginia Nelson, MD., MPH, is Acting Director for Pediatrics, Institute for the Study of Mental Retardation and Related Disabilities, The University of Michigan. She also holds appointments in the School of Public Health and in the Pediatrics Department at University Hospital.

Health Policies

These should be developed by each center and be in accordance with state law and guidelines. Policies should at least include:

1. Personnel Health
   a. Initial health evaluation - is this person physically and mentally fit to work with children?
   b. Periodic re-evaluation of health status.
   c. Tests for tuberculosis - when? given by whom?
   d. Knowledge of first aid should be required of all teachers.
   e. Illness policies - when should employees take sick leave?

2. Establishment of health record-keeping system
   a. For each child:
      1. emergency card (or child information card) which should include child's name; birth date; date of admission; parents' names, home and business addresses and phone numbers; name, address, and phone number of person to be notified in an emergency if parents can't be reached; names of person(s) other than parents to whom child can be released; name, address, and phone number of child's physician and preferred hospital; signed permission to seek emergency treatment (DSS-3731)[1]
      2. initial health form (DSS-3305[2] or equivalent).
      3. immunization record (included on DSS-3305).
      4. reports of observations of health (e.g. height, weight, screenings, etc.).
      5. accident/incident reports (DSS-3311)[3]
      6. information about any health problems (may be on initial health form).
      7. written authorization by parent for administering medication, if applicable.
   b. For each employee
      1. Employee health examination records (initial and repeats as needed --- DSS-1528).[4]
      2. Record of testing for tuberculosis.
      3. Accident/incident reports

[1] Page D-8
[2] Page I-9
[3] Page I-11
[4] Page I-12

c. For the center
   1. Checklist of who has which records on file.
   2. Necessary records for environmental safety.

3. Environmental standards

   Minimum environmental standards should be detailed for each of the following areas:

   a. Fire, safety
   b. Handwashing
   c. Meal preparation and serving facilities
   d. Toilet facilities
   e. Beds and bedding (if applicable)

4. Discipline

   Policies for discipline should be clearly spelled out. These policies should include both acceptable measures and forbidding of unacceptable forms of physical and non-physical discipline. Inservice training policies for staff members on discipline could be included here and penalties for staff members who do not follow these policies should be clearly detailed.

5. Suspected child abuse and neglect (SCAN)

   Policies relating to SCAN in accordance with the child protection law should be formulated.

6. Nutrition

   Types and timing of snacks and meals should be stated. Allowable foods which children can bring from home for the group should also be detailed. If there are any foods which children may not bring (e.g. gum, candy, etc), these should be noted.

7. Health services to be provided by the center or in the center by outside agencies should be described. Possibilities include:

   a. Vision/hearing screening
   b. Dental screening
   c. Immunizations
   d. Medical evaluations and/or screening

8. Emergency management

   Policies for emergencies should be clearly spelled out. These should included management of the following emergencies:

   a. Accidents/injuries

b. Sudden illness
c. Tornadoes, floods, earthquakes
d. Fire

9. Illness policies

Policies for handling illness in the children should be formulated. These should include at least:

a. Who should stay at home? When?
b. Who should return? When?
c. Will there be a "sick room?" How will this be run?

10. Medication administration

Policies on medication administration at the center should be clearly stated. These should include:

a. What types of medicines will be given? Prescription only or also non-prescription (e.g. asprin)?
b. Parents must give written permission for administration stating child's name, date, time of administration, drug, dose.
c. Medicine must be labelled with child's name, drug name, dosage schedule, expiration date, if applicable.
d. Medicine should never be given after the expiration date or to an individual for whom it is not labelled (e.g. a sib).
e. Medicine should be stored in a locked cabinet.
f. A record-keeping system should be developed to note when a drug is given and by whom.
g. The first dose of medicine should never be given, because of the possibility of reactions.

11. Health education

Goals and policies for health education of the children and their parents should be stated.

12. Consultants

Roles of various health consultants should be spelled out. These may include a public health nurse, pediatrician, and mental health specialist. Ideally, each center should have consultants on physical and mental health. These consultants can:

a. help plan services for individual children - especially those with special needs.
b. provide services to the program
   1) review health policies

2) do inservice training for staff
3) assist with or coordinate the health education program
4) help evaluate the total health program to detect and formulate needed preventive measures - e.g. review accidents.
5) answer everyday questions
6) provide personnel health services (an uncommon role for a consultant to a center)

Procedures

Specific procedures must be set-up to implement the health policies. These should include: Who is to be responsible for the overall health program? When will reviews of the health situation be made? How will the policies be implemented?

One other consideration either in procedures or policies is what to do with the child/family who fails to meed requirements - e.g. does not have immunizations and won't get them? I tend to favor a hard line - but make some exceptions.

Another procedure should spell out the record-keeping system. Some state forms are available or you can design your own forms and systems.

2. Initial Headings for Health Resource File Folders

Susan S. Aronson, M.D., FAAP
Peggy Pizzo

-Dental
-Disaster Plans
-Films
-First Aid
-Forms and Records
-Health Advocacy Training Course
-Health Component Planning and Evaluation
-Health Education Materials - General
-Health Policies and Practices
-Health Services and Providers
-Miscellaneous
-Nutrition
-Safety and Environmental Quality
-Screenings
-Speakers
-Transportation
-Index to Files

Notes:

1. On each piece of material filed, note the name of folder in pencil in the corner so that borrowed materials can be returned to their proper location.

2. Other file headings may be added whenever convenient and useful. but they should alsways be added to the File Index so that the possible locations of any piece of information can be easily determined.

3. Remember to cross reference any material which could logically be filed under more than one heading..

Reprinted with permission from a final manuscript:

"Concept Paper on Health and Safety Issues in Day Care" by

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CHILD CARE ORGANIZATION ACCIDENT OR ILLNESS REPORT

State of Michigan
Department of Social Services
Lansing, Michigan 48926

INSTRUCTIONS:
The provider shall report to the Department of Social Services any serious accident or illness requiring admission to a hospital which occurs while the facility is in operation. In case of a fatality the cause of death must be included in this report.

1. NAME OF FACILITY OR PROVIDER

2. PROVIDER NUMBER

3. FACILITY ADDRESS *(Street, City, Zip)*

4. COUNTY

5. PHONE

6. NAME OF INJURED CHILD OR ADULT

7. HOME ADDRESS *(Street, City, Zip, Phone)*

8. AGE

9. SEX
☐ Male
☐ Female

10. NAME OF WITNESS *(If more than one, print on back)*

11. HOME ADDRESS *(Street, City, Zip)*

12. PHONE

13. ACCIDENT OR ILLNESS
(Date) *(Time)*

14. WHERE DID ACCIDENT HAPPEN?

15. DESCRIBE INJURY OR ILLNESS

16. WHAT CAUSED THE ACCIDENT TO HAPPEN? WHAT WAS THE CHILD/ADULT DOING?

17. WHAT FIRST AID WAS GIVEN AND/OR ACTION WAS TAKEN?

18. HOW WAS INJURY OR ILLNESS DIAGNOSED BY PHYSICIAN?

19. NAME OF DIAGNOSING PHYSICIAN

20. WERE ANY HANDICAPS, HEALTH PROBLEMS OR EXCEPTIONS LISTED ON CHILD'S/ADULT'S HEALTH RECORDS ☐ NO ☐ YES
IF YES, EXPLAIN:

21. IF FATALITY, CAUSE OF DEATH

22. LOCAL CORONER NOTIFIED
☐ YES ☐ NO

23. AUTOPSY PERFORMED
☐ YES ☐ NO

24. AFTER THINKING ABOUT THE ACCIDENT/ILLNESS, IS THERE ANY ACTION YOU WOULD SUGGEST TO PREVENT IT FROM HAPPENING AGAIN?

25. SIGNATURE OF PERSON COMPLETING REPORT

26. TITLE

27. DATE

28. SIGNATURE OF PROVIDER OR OPERATOR

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29. DATE

DSS-3311 (Rev. 12-74) Previous editions are obsolete.

CHILDREN'S HEALTH EXAMINATION RECORD

Michigan Department of Social Services
Michigan Department of Public Health

INSTRUCTIONS:
Parents or Guardian - Complete Items 1 thru 33 of Section I
Physician - Complete Items 34 thru 47 of Section II on reverse side.

SECTION I *(To be completed by parents or guardian)*

1. NAME: *(Last, First, Middle)*	2. SEX	3. DATE OF BIRTH
4. STREET ADDRESS	5. CITY, STATE, ZIP CODE	
6. NAME OF FACILITY	7. COUNTY	
8. MAILING ADDRESS	9. CITY, STATE, ZIP CODE	
10. NAME ☐ PARENT OR ☐ GUARDIAN *(Check one)*	14. In an emergency, I hereby give permission to the licensed physician selected by the Child Care Facility to hospitalize, secure proper treatment, anesthesia or surgery for my child named on this form.	
11. STREET ADDRESS / 12. AREA CODE & PHONE NO.		
13. CITY, STATE, ZIP CODE	15. DATE	16. SIGNATURE

17. PERSONAL HISTORY *(Check and give approximate ages at which these conditions occurred.)*

	X	AGE		X	AGE		X	AGE
Allergies			Kidney trouble			Scarlet fever		
Appendicitis			Measles - regular			Seizures		
Asthma			German			Tonsillitis		
Chickenpox			Mumps			Tuberculosis		
Diabetes			Muscle or nerve disorder			Venereal disease		
Heart trouble			Pneumonia			Whooping cough		
Hearing problem			Rheumatic fever			Other		

18. OPERATIONS OR INJURIES

19. HISTORY OF EMOTIONAL OR BEHAVIORAL DISTURBANCE

20. MEDICATIONS NEEDED OR USED *(Including psychiatric)*

PURPOSE	KIND	DOSAGE	CURRENTLY BEING GIVEN
			☐ YES ☐ NO

21. SPECIAL CONDITIONS TO BE WATCHED FOR SUCH AS ALLERGY *(Reactions to Penicillin or other drugs)*, BEDWETTING, FAINTING, SLEEP WALKING, ETC.

22. DATE LAST SEEN BY DENTIST	24. IF YES, EXPLAIN DENTAL NEEDS
23. ARE THERE DENTAL NEEDS NOW? ☐ Yes ☐ No	

25. ARE GLASSES NEEDED? ☐ Yes ☐ No	26. ARE GLASSES WORN? ☐ Yes ☐ No
27. Has girl been told about menstruation *(answer if appropriate)* ☐ Yes ☐ No	28. Has girl menstruated *(answer if appropriate)* ☐ Yes ☐ No

29. PREGNANCIES *(Answer if appropriate)*

30. FAMILY HEALTH HISTORY		CAUSE OF DEATH *(answer if appropriate)*
	FATHER	
	MOTHER	
	GUARDIAN	
	BROTHERS AND SISTERS	
	OTHER HOUSEHOLD MEMBERS	

31. IMMUNIZATION		POLIO	SMALLPOX	DIPHTHERIA	TETANUS	PERTUSSIS *(Whooping Cough)*	MEASLES	RUBELLA	OTHER
	Date Initial Immunization Completed								
	Date of most Recent Booster								

32. SOURCE OF INFORMATION	33. NAME OF PERSON COMPLETING FORM

SECTION II PHYSICAL EXAMINATION: *(This section to be completed by a licensed physician)*

34. WEIGHT	35. HEIGHT	36. HEAD MEASUREMENTS *(if appropriate)*	37. BLOOD PRESSURE

38. ESSENTIAL FINDINGS THAT ARE DEVIATIONS FROM NORMAL

39. RECOMMENDATIONS AND SUGGESTIONS TO CHECK AS FOLLOWS

- ☐ Dental
- ☐ Ear
- ☐ Eye
- ☐ Immunizations needed *(specify)*
- ☐ Other *(specify)*

40. TEST RESULTS		TUBERCULIN *(Skin Test)*	CHEST X-RAY *(If skin test is positive)*	SEROLOGY *(if indicated)*	HEMOGLOBIN HEMATOCRIT	URINALYSIS
	Date					
	Results					

STATEMENT: I have, on this date, examined this person in order to determine physical fitness and/or apparent evidence of communicable disease. In my opinion, the applicant ☐ (is) ☐ (is not) physically and emotionally able to participate in the indicated program. *(Check one)*

41. PARTIALLY ABLE TO PARTICIPATE ☐ Yes ☐ No	42. IF YES, SPECIFY RESTRICTIONS
43. DATE OF EXAMINATION	44. SIGNATURE OF LICENSED PHYSICIAN
45. TELEPHONE NUMBER	46. STREET ADDRESS
	47. CITY, STATE, ZIP CODE

DSS-3305 (back) Rev. 12-69

EMPLOYEE HEALTH EXAMINATION RECORD

Michigan Department of Social Services

Michigan Department of Public Health

SECTION I *(To be completed by employee)*

NAME *(Last, First, Middle)*	SEX	BIRTH DATE	POSITION

MAILING ADDRESS *(City, State, Zip Code)*	TELEPHONE NUMBER

NAME OF FACILITY	MAILING ADDRESS *(County, City, Zip Code)*

IMMUNIZATION STATUS

	DATE INITIAL IMMUNIZATION COMPLETED	DATE OF MOST RECENT BOOSTER
TETANUS		
POLIOMYELITIS		
SMALL POX		
DIPHTHERIA		
TYPHOID		

SECTION II *(To be completed by licensed physician)*

PHYSICAL EXAMINATION

ESSENTIAL FINDINGS THAT ARE DEVIATIONS FROM NORMAL:
RECOMMENDATIONS AND SUGGESTIONS:

TEST RESULTS

	DATE	TYPE	RESULTS
TUBERCULIN (SKIN TEST)			
X-RAY (IF SKIN TEST IS POSITIVE)			
SEROLOGY (IF INDICATED)			
OTHER			

STATEMENT: THE ABOVE-NAMED PERSON HAS BEEN EXAMINED BY ME IN ORDER TO DETERMINE PHYSICAL FITNESS AND/OR APPARENT EVIDENCE OF COMMUNICABLE DISEASE. IN MY OPINION, THE APPLICANT ☐ (IS) ☐ (IS NOT) PHYSICALLY AND EMOTIONALLY CAPABLE OF WORKING IN THE ABOVE-INDICATED FACILITY. *(Check one)*

Licensed Physician — *Date of Examination*

Address *City* *State* *Zip Code* — *Telephone Number*

DSS-1528 Rev. 12-69
(Formerly PO-28 which may be used)

6. Infectious Diseases

V. Nelson, M.D., MPH
January 1977

Disease	Incubation Period	Period of Communicability	Treatment	Control Measures	Other
Chickenpox	10-21 days	1 day before rash until all scabbed over (usually 5-6 days)	None	None	
Impetigo	2-5 days	Until lesions are healed	Ointment and/or antibiotic (frequently penicillin)	None	Usually caused by strep bacteria, sometimes by staph bacteria; spread by direct contact
Measles	10-12 days	5th day of incubation through 1st few days of rash	None	Measles vaccine; gamma globulin for those exposed who have not had vaccine	
Meningitis, bacterial	Variable-usually 1-7 days	Usually until after 24 hours of treatment	Antibiotics	None	
Meningitis, viral (aseptic)	2 days to 2 weeks	Not known	None	None	Usually a mild disease
Mumps	14-21 days	7 days before swelling until 9th day after swelling appears	None	Mumps vaccine	
"Colds"	Estimated 5-6 days	First few days	None except symptomatic	None	Antibiotics will not cure colds

Rubella (German measles)	14-21 days	7 days before to 5 days after rash appears	None	Rubella vaccine	Usually mild in children but dangerous to fetus
Strep infections	2-5 days	Until after 24 hours of treatment	Antibiotics	In mass outbreaks may want to culture all exposed	Includes strep throat, scarlet fever, some cases of impetigo
Shigellosis	1-7 days	As long as shigella organisms are present	Antibiotics; adequate fluids	Sanitary measures; enteric precautions during illness and carrier state	
Staph food poisoning	1-6 hours	As long as organism is present person may contaminate food	Supportive	Proper food handling	Illness is caused by toxin produced by bacteria; passed only through food or drink, not person to person
Pinworm	2-6 weeks	Throughout infection	Medicines (prescription most common is pyrvinium)	Improve hygiene; treat whole family at once	Spread by transfer of eggs from perianal skin to mouth
Lice Head & body (Pediculosis)	Variable	Until lice and nits (eggs) are destroyed	Kwell (prescription medicine in Michigan); thorough cleaning of clothes, bedding	Exclude from school until treated; good personal hygiene	
Scabies (itch mite)	1st infection: 4-6 weeks Subsequent: a few days	Duration of illness	Tolnaftate or other topical	None	

Viral and bacterial Conjuncti-vitis (pink eye)	Estimated 5-6 days	During first few days of illness	Ointment or drops or nothing	None
Infectious Hepititous	15-20 days	Unkown - pro ably about 3 weeks after on-set of jaundice	Bedrest, ser- ious cases may require more medical treatment	Gamma globulin for close contacts. Environmental sani-tation may help

7. Recommended Immunization Schedule American Academy of Pediatrics 1976

V. Nelson, M.D., MPH

Age	Immunization
2 months	DPT, TOPV
4months	DPT, TOPV
6 months	DPT, TOPV
15 months	MMR
18 months	DPT, TOPV, boosters
4-6 years	DPT, TOPV, boosters
14-16 years	Td booster (and every 10 years thereafter)

DPT -- diphtheria, whooping cough (pertussis), tetanus

TOPV - trivalent oral polio vaccine

MMR -- measles, mumps, rubella (German Measles) -- may be given singly or in combined injection; should be preceded by a test for tuberculosis.

Td -- tetanus, diphtheria (adult form)

Smallpox vaccine is longer given because there is almost no smallpox anywhere in the world.

8. Chronic Conditions in Children

V. Nelson, M.D., MPH
February, 1977

There are many chronic conditions which affect children. These may be so mild that teachers and friends won't even know of their presence or so severe that a child must spend much of his/her life in bed.

The most common chronic condition of preschool children is developmental delay. One to five percent have specific learning problems in language, perceptual, or other areas. But this is a large area which cannot be covered in a brief presentation.

A. Epilepsy

Definition: Epilepsy is a disorder of the nervous system characterized by one or more seizures. A seizure is caused by an abnormal electrical discharge in the brain and is some type of abnormal movement which an individual cannot control. Seizures may involve unconsciousness, but not all seizures do.

Most common types:

grand mal: predominant type of childhood epilepsy; may last a long time, but usually less than 5 minutes; generally involves a loss of consciousness.

petit mal: lasts 1-2 seconds; rare before age 3; "staring spell"

psychomotor (temporal lobe): stereotyped automatic acts - for example, lip-smacking, wandering; may last minutes to hours.

akinetic "drop attack" - myoclonic: sudden falling or muscle jerks; many children with these are retarded.

febrile: about 5% of all children 6 months to 5 years have these; occur at onset of fever; tend to run in families.

Causes:
brain injury - prenatal, birth, postnatal.
infections like meningitis.
brain diseases like tumors (less than 1% in children) or degenerative diseases.
unkown (idiopathic) - the most common"cause" in children.

Some possible precipitating factors:

1. Sleep deprivation
2. Some drugs
3. Emotional upset (rare)
4. Overhydration (too much fluid retained by the body)

Treatment:

1. First aid - make sure child doesn't hurt self
   - loosen clothes, turn head to side
   - be calm
   - do not force anything into mouth you may break teeth or be bitten
   - if seizure lasts more than 5 to 10 minutes, take child to physician

2. Drugs - Phenobarbital: may cause sleepiness or hyperactivity
   - Dilantin: usually causes gum hypertrophy (puffiness); may cause ataxia (staggering). Children on Dilantin should learn good toothbrushing technique early.

3. If the child is known to have seizures, notify parents but there is no need to send home. If the child has not previously had a seizure, he/she should be taken by parents to a physician.

4. No need to isolate child, this is a good opportunity to discuss seizures with other children.

B. Allergic Disorders

Many children and adults have allergies. These range from mild hay fever to severe asthma.

1. Eczema (also called atopic dermatitis)

   Chronic allergic skin rash

   Cause -- foods frequently, but may come from contact with allergens like grass or wool; may be irritated by scratching, by wool, by hot weather, by soap and water, may have secondary infection.

   Treatment -- usually cream or ointment, but in severe cases may have to avoid water completely.

2. Hayfever (allergic rhinitis)

Symptoms: sneezing, itchy nose and eyes, headaches

Cause: usually pollens, dust, animals, or molds. May be seasonal or all year (perennial)

Treatment: avoid allergen (thing allergic to), if possible; allergy shots may help; antihistamines may help.

3. Serous otitis media ("Glue ear")

Symtoms: decreased hearing

Cause: frequently due to allergies and accompanies hayfever.

Treatment: decongestants
surgery "tubes in ears"

Importance: hearing loss is reversible if serous otis media is treated. This is the most important cause of hearing loss in preschool children.

4. Asthma

Symptoms: wheezing which may be continual or occasional

Cause: allergy to foods or inhalants. May occasionally follow respiratory infections. Acute attacks may be brought on by exposure to allergens, infections, emotional factors, or any combination of these.

Treatments: medicines
allergy shots
fluids

What if wheezing happens at school?

Be calm, try to calm child
Encourage warm fluids (like tea, warm sugar water, warm apple juice).
Give medication as directed by parent
Notify parent if child continues wheezing and is uncomfortable (is having difficulty breathing)
Some children will wheeze audibly, but not be uncomfortable.

C. Diabetes mellitus

Symptoms before diagnosis: High blood sugar and sugar in urine; weight loss; polyuria (large volume of urine); polydipsia (enormous thirst)

Incidence in children: as high as 0.4% (4 in 1,000) but rare in preschoolers

Treatment: Insulin shots
diet

Possible problems at school:

1. Hypoglycemia (low blood sugar):

   Symptoms - sweating, headache, dizziness, paleness likely to occur after physical exertion or before meals.

   Treatment - sugar (as in orange juice, hard candy, honey). May cause coma, so give sugar as soon as this is recognized - but not if child is unconscious.

2. Hyperglycemia (elevated blood sugar)

   occurs slowly and is rare in well controlled diabetics; takes several days to build up, usually.

3. Diet: there are differences of opinion among physicians concerning diet, but, generally, concentrated sweets are not allowed.

4. Activity: usually unrestricted.

D. Heart Disease

Types: congenital - e.g. holes in heart
acquired - e.g. rheumatic fever

Symptoms: Most children with heart disease are completely asymptomatic. Those who aren't, may exhibit any of a variety of symptoms, like:

1. easy fatigability
2. frequent colds and pneumonia
3. slow growth
4. shortness of breath or rapid breathing
5. squatting
6. cyanosis (blueness)

Treatment: frequently none until old enough for surgery

Activity: usually children with heart disease are permitted activity to tolerance.

Diet: usually unrestricted

Relationship to infectious disease:

1. Rubella in pregnant women during first or second month may cause heart disease in the infant.

2. Strep throat may be followed by rheumatic fever which may involve the heart. Children who have had rheumatic fever take penicillin daily (or a shot a month) to prevent further strep infections.

E. Hearing Loss

Preschoolers may have hearing loss from many causes, but the most common loss is mild and correctable and due to fluid in the middle ear.

Significance in the day care setting:

1. Loss in one ear: A mild loss will probably make very little difference. A moderate or severe loss in one ear will affect the localization of sound. The "good" ear should be turned toward the teacher and the group, not toward a noisy radiator, etc.

2. Loss in both ears: A mild loss will handicap a child in large groups, noisy rooms, and "echo chambers" like auditoriums or gyms. Teaching should occur in a quiet setting whenever possible, with the child facing the person speaking. A young child may have to have his face directed towards the speaker's lips. A moderate loss will handicap the child in small and large groups. He/she may have difficulty paying attention and may hide inability to hear by pretending disinterest or acting out.

   A child with a hearing loss will use natural lipreading. To encourage this, direct his eyes to your lips and speak slowly and clearly.

9. Teacher Observation of Pupil's Health

Marth Pituch, R.N.*

The teacher occupies a unique position in relation to pupil observation since the elementary school child spends more of his waking hours with the classroom teacher than with any other adult with the exception of his/her parents. The teacher is aware of his physical and emotional health as well as his/her academic performance. Since she sees the child each day, she is in a strategic position to detect changes that may indicate deviations from health.

Teacher observation is an important means of pupil health appraisal. Making a diagnosis is not the concern of the teacher although she may need help in making decisions about the need for referral.

Formal inspections in which children parade before the teacher so she can "screen" them for physical defects, is neither necessary nor desirable. This system has been replaced by continuous informal observation which begins when the children are first seen for the day by the teacher. A quick glance, as the children arrive in class, and for those who need it, a more careful scrutiny, indicates those students who may need special observation during the day or immediate referral to the school's health service.

During the course of the days' activities, the teacher continues to note any changes in appearance or behavior of the children. Some may be lethargic or day-dreaming more than is customary. Others may be hyperactive or excessively excited over their projects and activities. A few may look sick, with pale skin and lusterless eyes, or show signs of a "cold", or even give evidence of pain or show signs of illness in many other ways. Depending upon the problem, the astute teacher will make a mental reminder of those children who need further observation. In certain instances she will make immediate referral to the nurse serving the school, and note on the health records what he has seen and the action taken. By consultation with the public health nurse, teachers may more effectively learn the signs and symptoms of what may properly be suspected as a significant deviation from normal health, and the proper method of handling the problem.

The following signs or complaints may indicate to the teacher that the child probably needs to be checked by a physician, or in the case of teeth, by a dentist to determine the cause and perhaps remedial care with appropriate recommendations to the school by the physician or dentist based upon his findings. The teacher should plan the kind of guidance and health instruction that will encourage the child to seek professional care.

*Marth Pituch is a docoral student in the School of Education, The University of Michigan.

1. GENERAL APPEARANCE

a. Undue fatigue, chronic fatigue, lassitude, poor stamina, tires easily
b. Very thin, very fat
c. Rapid loss or gain in weight or failure to gain over a six month period
d. Persistent and unusually enlarged glands in neck
e. Excessive frequency of respiratory infections
f. Repeated absence because of respiratory sickness
g. Excessive breathlessness
h. Excessive pallor
i. Bluish lips
j. History of "growing pains" (joint or muscle pain)
k. Chronic lack of appetite
l. Lake of vigor and poise
m. A general "look" of not feeling well
n. Repeated, severe headaches

2. POSTURE AND MUSCULATURE

a. Unevenness in child's hips or shoulders
b. Prominence of back or shoulder blades
c. Inflexibility of joints, or stiffness
d. Peculiarity of gait
e. Peculiarity of use of hands
f. Poor posture on "standing tall"
g. Difference in size of arms, difference in size of legs
h. Poor muscular coordination, muscular rigidity
i. Poor muscle tone (flabby muscles), poor muscular development
j. Obvious deformities of any kind

3. SKIN AND SCALP

a. Unusual pallor
b. Excessive redness (flushed)
c. Eruptions or rashes, vesicles, blisters, scales, sores, ulcers, infections, boils
d. Unusual dryness or roughness
e. Frequent scratching of scalp or skin, brittle hair
f. Cracks at creases of mouth
g. Nits on the hair, lice

4. EYES

a. Crossed eyes or wall eyes (even though noticable only at times)
b. Red and crusted eyelids
c. Reddened and inflamed eyes, watery eyes

d. Sties
e. Headaches after reading
f. Holding book too close or too far away
g. Excessive blinking, frowning, scowling, squinting
h. Covering one eye when reading, attempting to brush away a "blur", rubbing eyes
i. Tilting head, turning to one side, or thrusting head forward
j. Reading constantly rather than playing as a normal child
k. Retarded reading development
l. Reversed tendencies in reading
m. Making apparent guess for a quick recognition of words in easy reading material
n. Showing inattention to wall charts, maps or blackboard lessons
o. Showing inattention in reading lessons
p. Poor alignment in penmanship

5. EARS

a. Complaints of earache, tenderness about the ear, "stuffy" or "stopped up" feeling in the ear, or constant ringing or buzzing in the ear.
b. Discharge from the ear; having cotton stuffed in the ear
c. Frequent picking at the ear or other evidences of irritation
d. Frequent or continuous colds, tonsillitis, or throat infections
e. Inability to hear discussions or questions readily apparent to other listeners
f. A tendency to tilt head to one side; a look of "watchful waiting"
g. Turning head to hear
h. Often asks to have words, dictation, or assignments repeated
i. Has difficulty in locating the source of sound, i.e., look up and not know who spoke or where the sound came
j. Makes mistakes in directions or assignments
k. Inattentiveness, excessive noisiness
l. Inability to repeat accurately things heard
m. Talking in monotones

6. NOSE AND THROAT

a. Colds, sore throat, tonsillitis (recurring with far greater frequency than ordinarily expected)
b. Chronic nasal discharge
c. Chronically swollen, unusually enlarged glands at side of neck

d. Habitual mouth breathing while at rest, nasal speech
e. Frequent nose bleeding

7. TEETH AND MOUTH

a. Swollen gums, bleeding gums, gum boils (if severe, handle as an emergency case and refer to a dentist at once)
b. Severe toothache
c. Broken tooth*(handle as an emergency case and refer to a dentist at once)
d. Avulsed tooth* (handle as an emergency case and refer to dentist at once)
e. Spongy gums, highly inflamed gums
f. Offensive breath, poor mouth hygiene
g. Any sore in mouth that does not heal in two weeks
h. Badly stained teeth
i. Decayed teeth (cavities)
j. Irregular, protruding or crooked teeth (malocclusion)

Occlusion. The degree of normality of jaw relations (bite or occlusion) is studied with the child's back teeth tightly closed. His upper front teeth should bite slightly over the lower ones and his upper molar teeth should bite a little behind the corresponding lower teeth. Thumb sucking (in the school-age child), lip biting, tongue thrusting, and other mouth habits often produce irregularities in the occlusion of the front teeth. Children who practice these habits persistently should be encouraged to overcome them.

*Save the fractured pieces and send with the victim to the dentist.

8. SPEECH

a. Faulty rhythm of speech
b. Substituions or omissions of certain sounds (ex: "Tat" for "Cat")
c. Poor auditory response in repeating sounds involved in phonics, word games, oral reading, spelling, etc.
d. Partial or complete loss of power of oral expression

Significance of speech defects. Abnormal variations in speech may be indicative of a hearing deficit, structural interference, abnormal speech development or emotional disturbances. Treatment of children with speech difficulties should be started early. Such problems should be discussed with the teacher, speech correctionist, the public health nurse, the physician and the family.

9. BEHAVIOR

Teachers should become aware of the need for acquiring skill in daily observation of children's behavior. They are needed to help children understand their own behavior and their contribution to effective group living. Parents are an essential and dynamic part of this team in developing experiences for creating good personal social relationships.

To understand and help students, a teacher must understand what particular characteristics are normal for the stage of growth in question and which peculiarities are serious enough to interfere with normal development and make the "problem" student unacceptable to the social group.

a. Domineering and over aggressive
b. Unhappy and depressed
c. Over excitable
d. Overstudious, docile and withdrawing
e. Lack of confidence, self-censure
f. Poor accomplishment in comparison with ability
g. Lying
h. Abnormal sex behavior
i. Continually quarreling

Source Material

Joint Committee on Health Problems in Education, Health Children. NEA and AMA, 3rd ed., 1961

Unpublished material prepared by C. Dale Barrett, Detroit, Michigan, March, 1958

10. Tips on Management of Common Medical Problems

H. M. Hildebrandt, M.D.*

I. Colds and their complications
Signs of Viral Respiratory illness
any combination of the following:
watery, nasal discharge
sneezing
dry cough, turning to loose cough
fever sometimes first two days
Contagious the first three days or so
Subsides in 3 - 7 days

Complications
Ear infections, earache, or eye discharge, white or light liquid discharge from ear after several days of a cold, should be seen by physician for treatment. Non infectious.

Chest infection - deep cough, fever, breathing fast or grunting after several days of a cold, should be seen by physician (not usually infectious).

Asthma - dry cough, rapid breathing, wheeze with expiration, usually no fever; should be seen by physician for adrenalin shot.

II. Stomach Upsets - Vomiting and Diarrhea
Very contagious, two days incubation
Vomiting usually occurs first, then stomach ache, then diarrhea, which may last two to four days. Fever sometimes on the first day.

Management of:
Vomiting - feed no food or drink for three hours, then try sips of water or skim milk

Diarrhea - small frequent feedings, no fruit, vegetables or crackers.

III. Sore Throat
Signs of virus cold if associated with sneeze, sniffle or cough.

Signs of Strep Throat (needs to be treated) if associated with fever, vomiting, sore nodes under jaw, no sniffling, sneezing. Strep throat with rash is Scarlet Fever.

*H.M. Hildebrandt, M.D., is Clinical Associate Professor of Pediatrics and Communicable Diseases, University Hospital, The University of Michigan.

IV. Nose Bleeds
Compress nostrils continuously for five minutes. If still bleeding, hold nostrils for 10 minutes. If associated with fever or sore throat, may be Strep Throat.

V. Chicken Pox
Incubation - 14 days, very contagious
1st day - scattered small water blisters on red base - scalp, face, extremities.
Fever - 3rd and 4th day
Healing and not contagious after 5th day.

VI. Measles
Incubation Period - 14 days, very contagious
Fever, red throat, first day, then cough and spots inside cheeks, the clustered rash on chest, fever, red watery eyes, watery nose, and rash. Fever lasts 5 - 7 days.

VII. Rubella
Fever 102° and discrete speckly rash, identical to rash of other virus illness especially summer viruses (ECHO, Coxachi)
Proof of Rubella is illness with hand arthritis in adult women. Risk to susceptable women in the first 3 months
*Vaccine available for prevention.

VIII. Summer Viruses
Fever, sore throat, head ache, with or without rash, last 3 - 5 days
July, August, September

IX. Influenza
Virus, coughing illness - 5 day illness (fever, cough, cough, Fever)
Start with headache, sore throat and fever. November, December, January.

X. Skin Problems
Impetigo - crusting, oozing, spreading skin infection
Needs to be treated by physician.
Bug bites - No problem unless associated with generalized hives.
Boils - Local area of tenderness, swelling with pus pocket, heals when drained. May recur, should be seen if several boils develop. Caused by staphylococci. Not infuenced by treatment.

XI. Convulsion
Grand Mal - Loss of consciousness, falling with jerking of extremitites, head. May last several minutes. If longer than 5 minutes, should be taken to Emergency Room.
Convulsions with Fever seen in infants; short duration and not serious.
Petit Mal - Brief, momentary lapse of consciousness,

may flutter lids or drop object. Many times a day.

XII. Breath Holding Spells (Infantile Syncope)
Seen in some children 9 months to 4 years.
Precipitated by bump on head or frustration, followed by cry and then loss of consciousness. Not serious.

XIII. Tiredness, Listlessness
Inadequate sleep, illness, depression, Commonest causes. If hard to rouse, could be low sugar (which should be checked). Improved by feeding.

XIV. Frequent Voiding
Usually seen in little girls with bladder infections. Occasionally due to drinking excess water. If craving water and losing weight, possibly diabetes (pretty uncommon).

XV. Pinworms
Fine thread-like worms around anus or in stool. Universal social disease in preschoolers. Spread by anus to hand to mouth, worse in thumb suckers.
Easily treatable. Usually no problem days, but causes severe itching of anus when going to sleep. Not a health hazard.

Editor's Note: Although some topics are also included in Dr. Nelson's materials, the different format and additional information from this presentation warranted its inclusion as well.

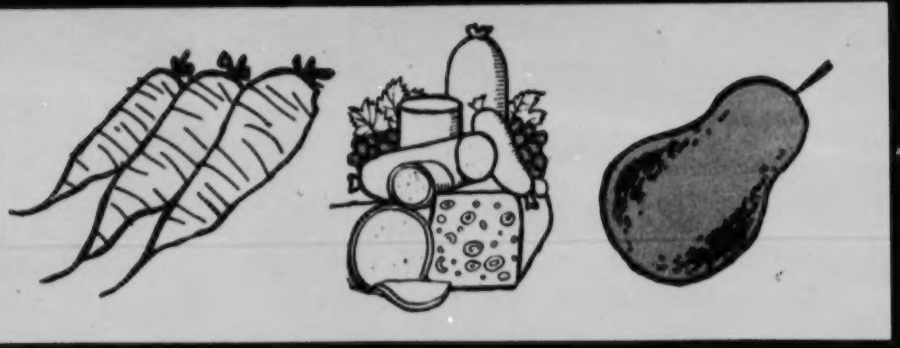
11. Program Characteristics that Help Prevent or Minimize Risks

Susan Aronson, M.D.
Peggy Pizzo

Risks	Day Care Program Characteristics Measured by The HAT Project
Motor Vehicle and Pedestrian Accidents	Provide restrains for each child. Use restraints provided.
Fires, Burns	Plans for emergency evacuation. Emergency plans approved by an evacution expert. Plans for evacuation posted (of those with plans). Had a disaster or fire drill within three months. Keep a log of drills. Heating elements insulated or installed to prevent burns to children. Fabrics used are fire resistent. Electrical outlets fitted with devices to prevent tampering. Hot water temperature does not exceed 120° (scalding) where children use i Exit doors are equipped with panic hardware.
Suffocation, Poison and Ingestion	Walls checked for lead based paint. Plastic bags and small objects are out of children's reach. Toxic products are out of reach.
Falls	Outside stairs have safety gates or landings. Outside hazardous steps have ramps. Inside stairs have right hand descending railing. Openable windows are screened. Eqipment is sturdy, without hazards (includes playground equipment).
Drowning, General Injury Prevention, Emergency Preparedness and Management of Injury	Perform environmental and safety checks. At least one staff member trained in first aid. First aid equipment is available in at least one area of the building. First aid quipment is available in each child care area. Policies include screening staff for any child abuse record or history.

Risk	Day Care Program Characteristics
Drowning, Gerneral Injury Prevention, Emergency Preparedness and Management of Injury, cont'd.	Policies include procedure for accident and injury management. Policies include safety precautions. Arrangements for transport of a sick or injured child to emergency facility. Emergency transport includes presence of an adult other than a driver. Provision is made for alternative coverage of child supervision when adult must leave for an emergency. Arrangements for emergency care are adequate (e.g., facility or service named provides emergency care).
Prevent, Control and Manage Infectious Disease	Programs provide or arrange for children to have immunizations: DPT/Dt, oral polio, rubella. Policy for daily health check. Policy for routine health care including immunizations. Policy regarding child's attendance during illness. All employees screened for TB. Physician's health statement for caregivers required. Staff health statement received annually Sick leave policy for caregivers and food service staff. Regular substitutes available. Handwashing consistently performed. Staff health habits appraised as a part of their evaluation. Trash stored covered. Rooms adequately ventilated. Temperature of rooms is between 65° and 78°. Potty chairs are not used. Laundry, food and toilet areas are separate. Handwashing facilitites are in or adjacent to child care areas. Have a specific place for diaper or underclothes changing if it is done. Handwashing facility is in close proximity to underclothes/diaper area. Openable windows and doors are screened if used for ventilation.

Risk	Day Care Program Characteristics
Quiety Conditions (Nutritional problems, dental caries, lead absorption, developmental disability, hearing loss, sickle cell trait, eye problems)	Programs reporting have children with or suspected to have the problem have had the following conditions diagnosed: visual problems; hearing problems; emotional disturbances; learning problems. Screening tests are arranged for, provided or checked on when done, to determine whether adequate for: growth assessment; vision; hearing; anemia; lead; G6Pd; sickle cell; urine; developmental. Medical check-up performed. Evaluation of a suspected medical problem performed. Follow-up treatment of a health problem. Dental check-up performed. Maintenance of children's health records Adequate content of children's health records. Transfer medical records to school at least some of the time. Review health records at least once a year. Caregivers express concerns about child's health to provider in writing. Children brush their teeth. Infants are held for feeding. Bottle-propping is prohibited. Parents are consulted to coordinate food planning in home and day care.
Health Awareness Issues Applicable to More Than One Risk Factor	Member of staff meet with teachers to plan health instruction. Frequency of health instruction planning is routinely established, e.g. at least monthly, quarterly, or annually Health procedures are discussed with children. Public service groups are involved in instruction of staff and/or children, e.g., police, fire, public health. Medical, dental and nutrition information is included at parent meetings. Health professionals from the community are involved in providing health instruo tion to children. Inservice meetings are used to discuss health matters.



Snacks That Count

DEVELOPED BY MICHIGAN DEPARTMENT OF PUBLIC HEALTH AND DEPARTMENT OF SOCIAL SERVICES

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SNACKS THAT COUNT

The young child needs food for growth and health. The foods he eats should be carefully chosen to provide the nutrients he needs. Snacks, as well as meals, contribute to his daily nutritional intake. In addition, foods that are carefully selected help the child develop positive food habits which are a foundation for good health throughout life.

Multiply Good Food Habits

The young child feels more comfortable when the things he plays with, works with, and eats are selected with his size and age in mind. Because his capacity for food is small, he needs to eat often during the day. Give him small servings of food and the chance to ask for second helpings.

The child also eats better when foods are served lukewarm instead of hot or cold, and in bite-size pieces which are easy for him to manage with a fork, spoon, or fingers. It's best to introduce only one new food at a time and repeat it at a later date so that he can learn to know and like the food.

Like an adult, his appetite varies from day to day. It's a good idea to give him more food on days that he is "extra hungry" and less food on days that he is "not so hungry". Temporary food cravings are common for the young child; he may want the same food over and over again for a few days.

Learning Opportunities In Numbers

In addition to providing a significant part of the child's daily food intake, snack time offers many interesting and important learning opportunities. Here are some of those opportunities:

- To enjoy a variety of foods.
- To taste new foods, and to see how they look, feel, sound and smell.
- To develop ideas about different shapes, colors, textures, weights, amounts, etc.
- To gain skill in coordinating his hands and eyes so he can put silverware and glasses where he wants them to go.
- To enjoy talking and being with others.
- To develop a willingness to try different things through eating new foods.

A Snack Tally

For "snacks that count" select foods from the Four Food Groups: Vegetable-Fruit Group, Milk Group, Protein Group, and Bread-Cereal Group. They offer a variety of colors, textures, consistencies, and tastes for a child to experience, look at and talk about. A snack is especially fun when the child has helped get it ready. Foods with high sugar or fat content, such as candy, soft drinks, and potato chips, should be used sparingly.

FROM THE FRUIT AND VEGETABLE GROUP

You will find the best buys in this group are the fruits and vegetables which are in season. Some may not be as available as others in your area stores.

FRUIT JUICES

Buy fruit juices.
Avoid buying fruit "drinks" or fruit flavored syrups.

- Apple
- Apricot nectar
- Cider
- Grapefruit*
- Grape
- Orange*
- Peach nectar
- Pineapple
- Prune
- Tangerine
- Tomato
- Vegetable

COMBINATION JUICES

- Grapefruit - orange juice*
- Pineapple-orange juice
- Pineapple-grapefruit juice
- Apricot nectar-orange juice
- Pear nectar-grapefruit juice
- Peach nectar-orange juice

FRUITS (dried, canned or fresh)

- Apple wedges
- Applesauce
- Apricots
- Avocados
- Banana pieces
- Berries
- Cherries
- Dates
- Figs
- Grapes
- Grapefruit sections*
- Mangoes
- Melon wedges*
- Nectarine wedges
- Orange wedges or wheels*
- Peaches
- Papayas
- Pears
- Pineapple
- Plums
- Prunes
- Raisins
- Strawberries*
- Tangelos*
- Tangerine sections*

VEGETABLES

- Bean sprouts
- Broccoli flower, raw*
- Cabbage wedge, raw*
- Carrot sticks, raw
- Cauliflower bud, raw*
- Celery sticks
- Chicory leaves
- Cucumber sticks or slices
- Escarole leaves
- Green beans, raw
- Green pepper rings or slices*
- Lettuce leaves
- Mushrooms, raw
- Peas, raw
- Radishes
- Romaine leaves
- Rutabaga strips
- Spinach leaves
- Sweet potato strips
- Tomato wedges or cherry tomatoes
- Turnip strips
- Zucchini strips

*Especially good sources of vitamin C

FROM THE MILK GROUP

- Cocoa
- Custard
- Ice Cream
- Milk
- Puddings
- Fruit milkshakes:
  - Banana milkshakes
  - Berry milkshakes
  - Peach milkshakes
- Sherbet
- Yogurt (may be mixed with fresh or canned fruit)

FROM THE PROTEIN GROUP

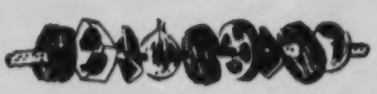
- Cheese cubes
- Cottage cheese
- Deviled egg
- Fruits and vegetables stuffed with peanut butter or cheese
- Hard cooked egg
- Meat slices or cubes
- Michigan hot dogs - cold
- Nuts (not for children under 2 years)

FROM THE BREAD GROUP

Enriched crackers
Graham crackers
Enriched or whole grain:
- Bread
- Biscuits
- Cornbread
- Muffins
- Rolls
- Bread sticks
- Toast sticks

USE ENRICHED CRACKERS AND BREAD TO BRING EXTRA PROTEIN

- Graham crackers with peanut butter
- Whole wheat crackers topped with cheese cube
- Enriched saltine spread with cottage cheese
- Enriched crackers spread with egg salad
- Enriched bread sandwich with tuna or meat fillings



ADD SPECIAL SNACKS

When you want to try something different or need an idea for a party, try one of the snacks listed below:

Pretzel Shish Kebabs Alternate frankfurter and cheese chunks on pretzel sticks.

Treasure Logs Cut thin slices of meat and roll with a piece of mild cheese.

Black and Orange Pick-Ups Stick cooked, pitted prunes or apricots on the end of a carrot stick.

Merry-Go-Rounds Spoon peanut butter on a thin apple slice.

Fancy Sandwich Cut enriched or whole-grain bread into shapes with cookie cutter; cover with meat spread or cheese spread.

Stuffed Dates Stuff with peanut butter or soft cheese.

Jack-O-Lantern Sandwich Spread a round piece of enriched or whole-grain bread with cheese spread or grated raw carrot moistened with salad dressing. Decorate with eyes and nose of raisins.

Valentine Sandwich Cut enriched bread into heart shape; spread with softened cream cheese and decorate with pink-colored cream cheese or frozen strawberries.

Ice-Cream Cone Cakes Make batter for cupcakes (applesauce cake, pumpkin spice cake.). Pour scant 1/4 cup of batter into each flat-bottomed waffle ice cream cone, filling 1/2 full. If cones are filled too full, they will not have a nice round top. Set on baking pan and bake 15-18 minutes in 400 degree oven. Cool.

Walking Salad Spread a lettuce leaf with peanut butter, place a celery and/or carrot stick in the middle of the leaf, and then roll up the lettuce leaf with the celery or carrot stick in the center.

Party Mix Mix enriched cereal (Cheerios, Corn Chex, etc.), pretzel sticks, and peanuts. Place on a cookie sheet, sprinkle with a tiny amount of soy sauce and garlic salt. Bake at 250 degrees for 1/2 hour. Stir occasionally.

Popcorn Balls Add dried fruits and nuts when shaping.

Tomato Rounds Cut enriched bread and sliced cheese into rounds. Slice a tomato, cover bread round with a slice of cheese and tomato, followed with a round of bread with the center cut out. Place mint, parsley or another green as a plume in the center.

DSS Publication 242 (1-75)

V. Nelson, M.D., M.P.H.

November, 1977

SAFETY AND ACCIDENTS

Most accidents are preventable through proper supervision and a safe environment. Some safety measures for day care centers (and parents, too):

1. Always use child auto safety devices approved by dynamic testing. (Information on these is available from the University of Michigan Highway Safety Research Institute and from Physicians for Automotive Safety, 50 Union Avenue, Irvington, NJ 07111.)

2. Teach children safe practices (e.g., about cars, streets, fires, stoves, ladders, poisons, etc.).

3. Make your environment as safe as possible (for everyone, but especially for children under 5). Safety factors in day care centers include:

    a. Windows: safety locks, out-of-reach or plastic.

    b. Stairs: sturdy railings, non-skid steps.

    c. Locked storage for cleaning supplies, medicines, dangerous tools, chemicals, etc.

    d. Electrical outlets: hidden or safety-capped.

    e. Fire: no open flames; stoves in a safe location, away from children too young to use them; fire escape plan worked out and posted; other regulations required by law or the fire marshall.

    f. Keep poisonous plants out of your environment until children are old enough to know what not to ingest.

    g. Adequate supervision.

V. Nelson, M.D., M.P.H.
November, 1977

SAFETY AND ACCIDENTS

Mortality from Accidents, U.S. 1972-73

TYPE OF ACCIDENT	Average Annual Death Rate per 100,000* — BOYS			GIRLS		
	<1 year	1-4 yrs	5-9 yrs	<1 year	1-4 yrs	5-9 yrs
All	61.7	38.0	25.9	46.5	25.4	15.0
Motor vehicle	10.0	13.6	13.1	9.5	10.2	8.9
Drowning	2.5	8.3	5.2	1.8	3.6	1.5
Fire	4.8	5.6	2.1	4.7	4.6	2.1
Pedestrian (in traffic accidents)		6.5	7.3		3.3	4.7
Falls	4.2	1.5	0.6	2.2	1.2	0.3
Mechanical suffocation	13.3			9.8		
Inhalation & ingestion of food & other objects	19.2	1.8		12.7	1.4	
Accidental deaths as a percentage of all deaths		42%	54%		36%	43%

*Rates for <1 year are per 100,000 live births
Rates for 1-9 years are per 100,000 population

[Data from National Center for Health Statistics (NCHS) as quoted in Pediatric Annals, November, 1977]

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V. Nelson, M.D., MPH
February, 1978

PLANTS THAT POISON

CULTIVATED HOUSE AND GARDEN PLANTS

Plant	Toxic Parts
Dieffenbachia (Dumb cane, Elephant ear)	All parts
Caladium	All parts
Philodendron	All parts
Castor bean (Ricinus Communis)	Seeds
Hyacinth, narcissus, daffodil	Bulbs
Oleander	Leaves, stems, flowers
Autumn crocus	Bulbs
Lily-of-the-Valley	All parts
Iris	Underground stems (rhizomes)
Foxglove	Leaves, seeds, flowers
Rhubarb	Leaf blade
Yew	Seeds (red berries) leaves
Rhododendron, azalea	All parts
Wild and cultivated cherries	Leaves, stems, bark
English ivy	All parts
Morning glory	Seeds
Holly	Red berries
Privet (Ligustrum)	Leaves, berries
Plum, apricot	Leaves, stems, bark, pits
Tomato, potato	Foliage

WILD PLANTS

May apple	Rootstalk, leaves, stems, green fruit
Jack-in-the-Pulpit	Leaves
Nightshade	All parts, especially unripe berries
Jimson weed (thorn apple)	All parts

These are just a few of the over 700 species of plants that are poisonous. Effects vary from mild to capable of causing death. If a child has tasted or eaten a plant you think might be poisonous, call the nearest Poison Control Center for advice.

13. Bibliography

HEALTH

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Project Head Start #2 Health Services	Project Head Start Community Action Program Office of Economic Opportunity Washington, D.C.	FREE
Recommendations for Day Care Centers for Infants and Children, 1973	American Academy of Pediatrics Box 1034 Evanston, Illinois 60204	$3
School Health: A Guide for Physicians, 1972	"	$3
Report of the Committe on Infectious Diseases, 1970 (with loose sheets, 1976 update)	"	$3
Infectious Diseases of Children and Adults, 5th edition	S. Krugman and R. Ward St. Louis, C.V. Mosby, 1973	
Mummy, I Don't Feel Well	Gerald Vaughn, London, Berkly Publishing, 1970	
Pamphlets on Epilepsy	Epilepsy Foundation of America, 1828 L. Street, N.W. Washington, D.C. 29036	
"Health Care: Its Symptoms"	Marilyn Chow, Day Care and Early Education June, 1975 also in Child Care: A Comprehensive Guide, ed. by Stevanne Averback, Behavioral Publications, 1975	
Health Advocacy in Child Day Care Programs	Susan Aronson, M.D., FAAP and Leona Aiken, Ph.D, Department of Community and Preventive Medicine, The Medical College of Pennsylvania 3300 Henry Avenue Philadelphi, Pennsylvania 19159	

NUTRITION

Food for All Pub. No. 208	League of Women Voters of the United States 1730 M. Street, N.W. Washington, D.C. 20036	50¢
Project Head Start #3B Nutrition Instructors' Guide	Project Head Start Community Action Program Office of Economic Opportunity Washington, D.C.	FREE
#3C Leader's Handbook for a Nutrition and Food Course	"	FREE
#3 Nutrition	"	FREE
#30 Nutrition - Staff Training Programs	"	FREE
A Guide for Planning Food Service in Child Care Centers, 1971	Food and Nutrition Service U.S. Department of Agriculture Washington, D.C.	
Nutrition Education: Lesson Plans Kindergarten Through 3 January 1973	Expanded Nutrition and Family Program Cooperative Extension Service of Washtenaw County County Building Ann Arbor, Michigan 48108	
Nutritional Guidelines and Menu Suggestions for Head Start and Day Care Centers May, 1968	Nutrition Services Division of Maternal and Child Health Department of Health and Welfare Augusta, Maine 04330	

SAFETY

It Hurts When They Cry - Infant Safety Kit	U.S. Consumer Product Safety Commission Washington, D.C. 20207	

SECTION J

PHYSICAL FACILITIES AND EQUIPMENT

A center for young children is physically unlike a school for older youngsters. Developmentally, children under age five or six are not only smaller in size and less experienced in the world, but their thinking and abilities differ qualitatively from older children's. Young children do not learn at all abstractly, but rather, need an infinite variety of experiences with real objects and materials. They are unable to sit passively for long times, nor should they. Many commercial organizations make equipment and educational toys for preschoolers. These vary, of course, as to price and quality. It is best to buy wisely and carefully, weighing each item for durability, attractiveness, appropriateness, and cost. The materials available in a center, however, are not the only factors involved in the children's learning. The arrangement and availability of space and equipment are quite important in the effectiveness of a program. Wide, open spaces encourage children to run. Smaller spaces require closure of an activity within them. Separation of areas by room dividers or shelves can either encourage or discourage mixing, depending on the arrangement. Too few choices of activities, or limited activities that can be pursued only one way, do not stimulate children enough, and may encourage boredom or fighting. Too many activities can be overstimulating and confuse children.

In this section, there are a basic equipment list and suggestions for interest centers within a classroom. Barbara Banet has compiled a checklist for the use of space and equipment and diagrams of effective space arrangement for a classroom and playground. Ms. Banet and Carol Guregian have also contributed inexpensive but exciting ideas for enriching classroom and outdoor equipment and materials.

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1. Equipment List*

When developing a list of necessary items for both the center and the children, criteria consideration should be developed regarding functionality, health, safety, costs, learning, and general development provisions of each item under consideration. The numbers required for a particular item are dependant upon the need, and especially the cost.

The following list is suggested as basic equipment for each group of children:

I. A COMPLETE SET OF HOUSEKEEPING FURNITURE SUCH AS:

1 child size stove
1 child size refrigerator
1 child size cupboard
1 child size sink
Set of unbreakable dishes
Set of pots and pans
1 doll bed with at least 4 dolls
1 doll buggy
1 child size ironing board
2 child telephones

Dress-up clothes for boys and girls, with dresses shortened to suitable length. These could include hats, purses, shoes, jewelry, dresses, jackets, vests, and costumes.

II. A COMPLETE SET OF UNIT WOOD BLOCKS AND OF HOLLOW WOOD BLOCKS

Three or more large wooden trucks or equivalent, such as jet airplanes, big boats or riding trains.

Indoor climbing equipment, such as A-frame climber, house-gym climber.

III. ART MATERIALS

At least one two-sided easel for each class, with large brushes and paint

Paper, crayons, pencils, chalk, paste and glue

Sufficient blunt scissors for each child (at least 10 pairs in each class)

Playdough and utensils for each class, such as small, sturdy rolling pins, cookie cutters and small dishes

Junk materials for collage designs and art projects

*From Handbook on Day Care Administration, Donald Weatherspoon

IV. TABLE TOYS

10 puzzles for each class of suitable difficulty for ages of the children

Storage racks for puzzles

Assorted table toys such as: Play tokens, early learning kits, twisting bang-a-ball, vari-peg pounder, jigsaw cone, perception plaques, number sorter, snap blocks, trains and tracks, mini-cars, rig-a-jig, nail and hammer sets, pegboard and pegs, large beads to string, junior lock box, picture dominoes and wood lotto

V. SOME PROVISIONS FOR WATER PLAY

A water table would be ideal; 2 or 3 plastic dishpans can be used or a small plastic wading pool

Water-proof aprons

Small boats, plastic bottles, floating objects

VI. SOME PROVISIONS FOR SAND PLAY

A sand table would be ideal; 2 or 3 plastic dishpans can be used or a small plastic wading pool

Spoons, pans, plastic bottles, small cars, trucks, etc.

VII. MUSIC

Record player and records

Rhythm instruments

VIII. HIGHLY DESIRABLE EQUIPMENT

Workbench with real tools, soft scrap wood, nails, etc.

IX. LANGUAGE

A good assortment of children's books

Pictures, magazines, and catalogs

X. OUTSIDE PLAY EQUIPMENT

Sand box

Climbers

Wheel toys (tricycles, wagons, wheel barrow, riding toys such as tractors, etc.)

Imaginative equipment (old tires, old stumps, concrete drain pipes)

2. Indoor Play Areas and Interest Centers

BLOCK AREA

low shelves with compartments or containers for different types of materials
blocks (wooden) - make your own with "2 x 4's" of different lengths
cartons for large blocks - use liquor boxes with dividers inside, taped shut.
cars and trucks of different sizes
animals and people - rubber, plastic, or wooden
boards of different lengths - wooden or cardboard (e.g. from bolts of fabric)
carpet samples - for children to arrange as they choose
old bedspread or blanket - for making houses, tents, caves, etc.
large carton or crate - for hiding, etc. - cut windows, doors and decorate if you wish
low sturdy table (e.g. piano bench) - for pretend car (add real or cardboard wheel)

HOUSEKEEPING CORNER

kitchen appliances (sink, stove, refig., cupboard) - orange crates or cartons will do
table and chairs
doll bed (carton or crate can be used)
mirror
dolls and doll clothes
chest or hooks on wall for dress-up clothes
clothes and accesories for women, men, workmen, etc. (including toy tools, hats, flashlight, piece of hose, wallets, handbags, scarves, etc.)
doll dishes, pots, pans, untensils, empty food containers
telephones
pillows, blankets
cleaning supplies - mop, broom, dustpan, sponges, scrub brushes, towels, vacuum cleaner

DRAMATIC PLAY MATERIAL

props for special people: mailman, doctor, fireman, garage mechanic, barber, grocer, shoe repairman, waitress, etc.
puppets - lots of varieties exist and are easy to make
puppet stage - use large carton
doll house and furniture - homemade variety works well
stories to act out - with props, if desired

BOOK CORNER (and a place for child to be alone when he chooses)

books and a display rack
rug or mattress to sit on, an/or a table with chairs
pillows to sit on or lean against

easy chair, couch, or child-size rocking chair - if available

WATER AND SAND PLAY (also try salt, rice, dried beans, etc., instead of sand)

table for sand or water - or use several plastic dishpans
pouring, sifting, and measuring devices - funnels, cups, spoons, bowls, strainers, etc.
for water play - try paint brushes, scrub brushes, sponges, squirt bottles, bubble blowing, floating and sinking experiments, snow experiments

ART AREA, TABLE TOYS AND GAMES

table with shelves or drawers
scale (such as a balance scale - make your own)
magnets - with objects to attract and repel
magnifying glass
measuring devices - ruler, yardstick, measuring cups and spoons
seeds to grow
animals to care for
things to take apart and examine: alarm clock, keys and locks, nuts and bolts, etc.
treasures: leaves, shells, rocks, sticks, flowers, bark, nuts, weeds, etc.

LARGE MUSCLE ACTIVITY AREA (see also BLOCK CORNER)

climbing and jumping apparatus
mat, mattress and/or some other kind of bouncing, jumping surface
punching bag - make your own with rags and a pillow case (also good for kicking, biting, etc.)
rocking boat or horse
ride-on cars and trucks
tunnel
balance beam (easy to make)
bean bags and place to toss them
ball

*MUSIC CORNER

instruments for children - purchased or homemade
scarves, bells, feathers, or flags to dance with
record player for teacher, and if possible one for the children to use
records - for marching, different motions, songs, quiet music, etc.
piano and/or auto harp for teacher

*indicates material can be stored elsewhere (such as on a cart with casters) and used as desired, or easily shared with other classrooms.

*COOKING EQUIPMENT

pots, pans, muffin tins, bowls
utensils - egg beater, spoons, measuring cups and spoons, etc.
hot plate with closed coils
portable oven (unless kitchen oven is available)
plates, cups, spoons, forks and knives (dull)
for beginners: pudding, jello, cake mixes, frosting to spread on graham crackers, etc.
also - sandwiches, fruit salad, vegetable salad

*WOODWORKING EQUIPMENT

workbench or a board on the floor (2' x 2' covered with old carpet to muffle the noise, if desired)
small, but real tools and supplies - hammer, nails, sandpaper, wire, screwdriver, screws, hand drill, plane, vise and saw (if possible)
soft wood scraps (pine is best)
pieces of styrofoam and chucks of corrogated cardboard for children who can't or don't want to use wood. Toy tools can be used with these and golf tees can be used instead of nails for a change.
odds and ends to nail or wire onto wood - spools, cardboard shapes, nylon mesh, sponge pieces, aluminum foil, pieces of straws, etc.
pegboard or box to store tools

*indicates materials can be stored elsewhere (such as on a cart with casters) and used as desired, or easily shared with other classrooms.

3. The Use of Space and Equipment - A Checklist for Teachers

Barbara Banet, M. Ed.*

IS THE ROOM DIVIDED INTO DISTINCT AREAS - including all or most of the following: block area, housekeeping area, water and sand table, quiet area (with books and manipulative toys), science area, music area, as well as woodworking and cooking opportunites?

Are there boundaries between areas, created by low shelves, stable screens, or walls with openings so that children and adults can see into the areas?

Is there enough space in each area for the children to use the materials and equipment constuctively and creatively?

Are the tables placed within areas instead of in a separate part of the room?

IS THE ROOM ARRANGED SO THAT THE CHILDREN WALK AROUND PLAY AREAS, instead of through them, such that there is minimal disruption of ongoing activities?

HAS "DEAD SPACE" BEEN REDUCED TO A MINIMUM (open space with no boundaries and no purpose of its own) so that running and wrestling are not encouraged merely by the arrangement of the equipment?

ARE ADJACENT AREAS COMPATIBLE, so that the merging of materials is either constructive or carefully discouraged by clear cut boundaries?

Are the noisiest and quietest areas separated sufficiently that disruption and conflict are not likely to occur?

Are the housekeeping and block areas next to each other?

Is the workbench in a protected area?

Is the art area near the sink?

Is the space in an adjoining hallway used as efficiently as possible? (for special or small group activities, for example)

IS THE OVERALL EFFECT OF THE CLASSROOM INVITING AND COMFORTABLE?

Are quiet and intriguing activities located near the entrance so that the children are not instantly confronted with noisy and overwhelming activities upon their arrival?

*Barbara Banet is a Preschool Specialist, author, and former teacher at Perry Nursery School, Ann Arbor, Michigan.

Is the room arranged so that it appears neither overly congested, frighteningly large, nor sterile in its effect?

Is a large portion of the room carpeted (though preferably not the art area) and at least one area made especially comfortable and cozy for reading, resting, or perhaps simply being alone?

Is there enough space for displaying the children's work at their eye level (and does everyone's work have equal opportunity for display - not just those things that meet adults' standards of perfection)?

Does each child have a place to call his own, for keeping his belongings?

Is the equipment attractive and in good condition?

ARE THE MATERIALS EASILY ACCESSIBLE TO THE CHILDREN so they are able to work and play as independently as possible?

Are the shelves, drawers, and containers labeled with pictures, photos, or outlines of their contents (since preschoolers can't read), so the children can find what they are looking for?

Are similar items stored together - easily located and easily returned?

Are all the materials within the children's sight and reach permissible for them to use (and those they are not supposed to use out of sight) - and are the children encouraged to make choices and carry them out?

ARE THE CHILDREN ACTIVELY ENGAGED IN USING MATERIALS IN ALL AREAS OF THE ROOM?

Are the materials developmentally appropriate for the children using them, including those children with mental or physical handicaps?

Are new materials added to areas that attract the fewest children?

Are new materials added in follow-up to field trips and in response to the interests and experiences of the children?

IS THERE AN ADEQUATE SUPPLY AND VARIETY OF MATERIALS IN EACH AREA for children to work together constructively and creatively?

Are there real objects to investigate and explore using all their senses (plants, animals, tools, instrument, foods, objects from nature, etc.)?

Are there unstructured materials that can be used a variety of ways - manipulated, transformed, combined?

Are there materials to stimulate imitating and role playing?

Are there materials that encourage large muscle development (though not necessarily ride-on toys in the classroom)?

Are there opportunities to experiment with a variety of art media, and to talk about and portray feelings and experiences through drawings, paintings, and words?

Are there opportunities for learning about body parts and self-care skills?

Are there materials to take apart and put together, to match, to sort, to count, and to compare along a variety of dimensions - size, shape, weight, etc.?

Are there materials that encourage an understanding of time - clocks, calendars, timers, etc., and a predictable routine that helps children comprehend the past and the future, and the sequence of events?

Resources: Planning Environments for Young Children: Physical Space, Kritchevsy, Prescott, and Walling, NAEYC, 1969.

The Cognitively Oriented Preschool Curriculum, High/Scope Foundation, Ypsilanti, to be published in the Fall of 1977.

FOR A COZY AND COMFORTABLE CLASSROOM!

Barbara Banet

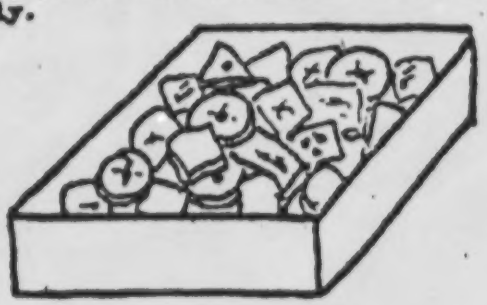
PILLOWS and FOAM SCRAPS

all sizes and shapes
- throw pillows
- bolsters
- sofa and chair cushions

get someone to make new ones (such as Girl Scouts), or
scrub, vacuum, and cover old ones (with vinyl or plastic tablecloths for easy cleaning in the future)

LARGE PUNCHABLE PILLOW - fill a large bag (2' x 3', e.g.) with foam scraps, old pillows, or fabric scraps. Use it for punching, kicking, cuddling, etc.

PILLOW BED - lots and lots of small pillows or foam scraps can be tossed into a small closet or a large low-sided box- for jumping into, burying in, or resting cosily.



MATS

any size is fine, but crib or cot mattresses are more easily moved around.
make you own mats by covering sheets of foam with vinyl or a plastic tablecloth.
great for tumbling, jumping, and placing under climbing structures.
pile several on top of each other for a sofa.

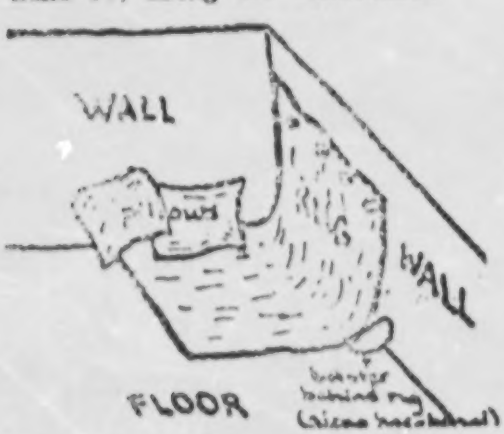
BEDSPREADS, BLANKETS, and BEACH TOWELS

use for hide-outs, tents, tunnels, dividers, stage curtains, picnic luncnes -- indoors or out. Simply drape over tables, rows of chairs, clothes lines, tree branches, or saw horses, using hooks or clothes pins to secure them when necessary.

RUGS

areas rugs on the floor or wall-- attractive, sound-muffling, and comfortable. Rugs help divide the room into play areas.
carpet samples - for sitting on, for arranging ("paths," "beds,")

COZY, COMFORTABLE CORNER - secure a rug on a wall, letting half of it lie on the floor below. Put a bolster or several pillows behind it, along the baseboard.

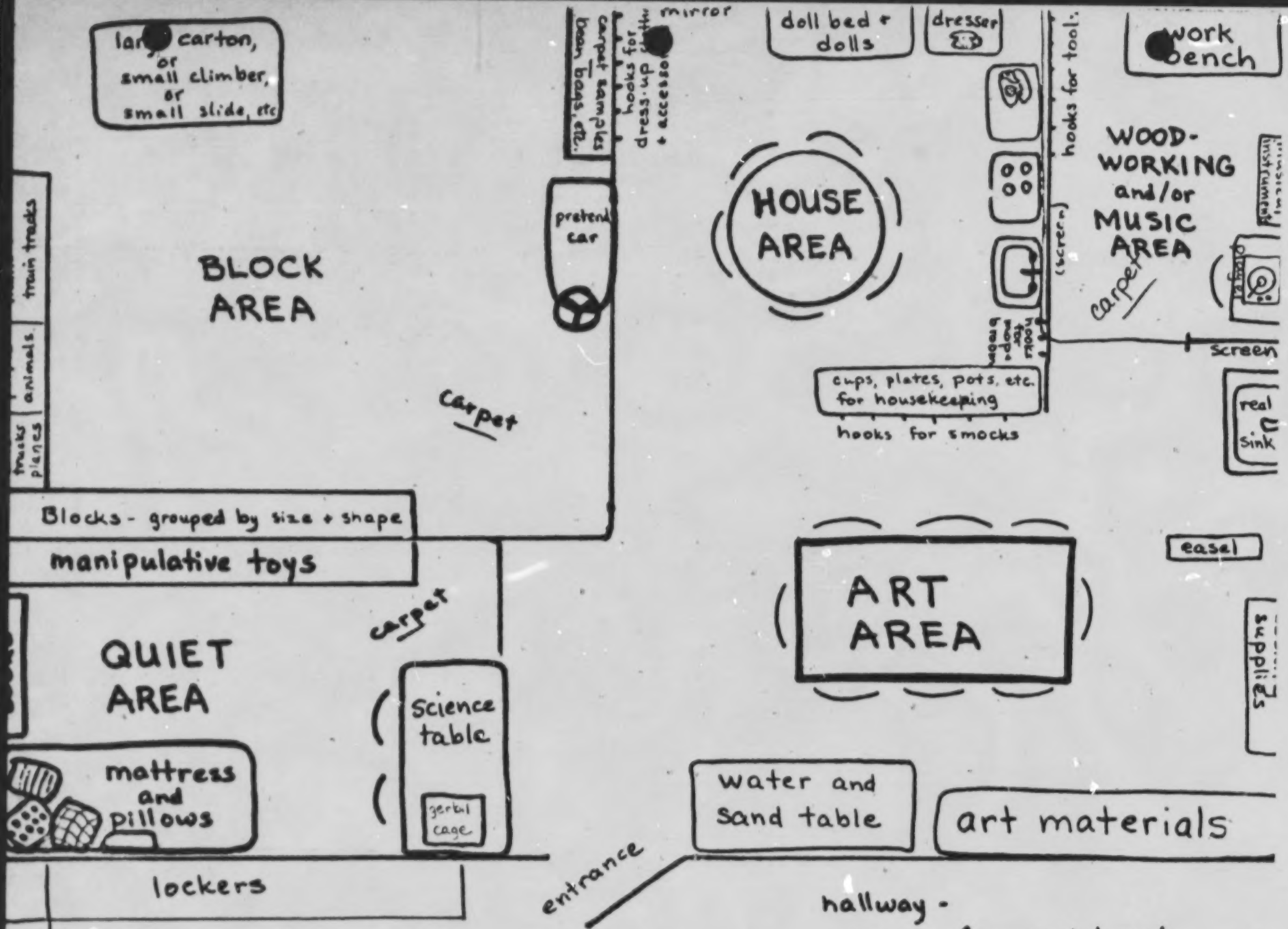


SOFAS and CHAIRS

used easy chairs, loveseats, and sofas are great places to curl up and relax or read.
vacuum and scrub as needed, and perhaps make bright new arm covers or pillow covers.
make your own couch by putting a mattres on a platform made of wood.

HAMMOCKS

put dowels along the ends of a large piece of canvas, and secure it to a wall or tree with rope and hooks. With one hook at each end it will swing and be tipsy; with additional hooks it will be more stable.
position it close to the ground or floor, perhaps with a mat underneath it.



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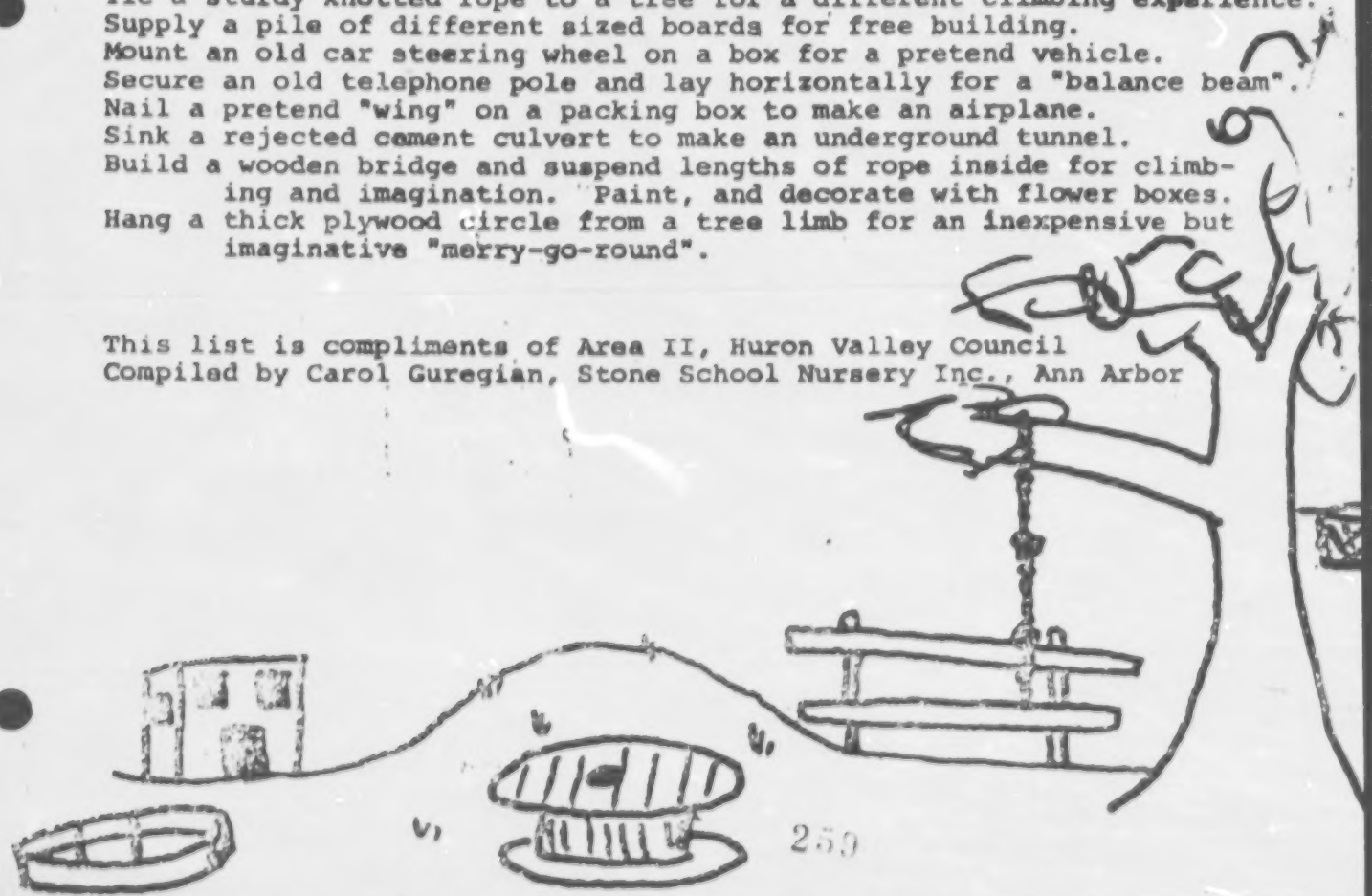
5. CREATIVE OUTDOOR EQUIPMENT -- HAVE YOU THOUGHT OF THESE?

Build and sod a hill for climbing, rolling, sledding.
Attach 4 feet of garden hose to a heavy wooden box or post, and set it in the ground for a filling station.
Cut a large tire in half and fill with water for a river
Arrange a group of stumps of different heights for stepping, climbing, etc.
Fill an old rowboat with sand or leave empty for pretend boating.
Build a low wooden fence for climbing over and under.
Plant an 8 foot cedar post 2 feet deep. Place old tires over the post for a vertical climber.
Build a large sawhorse and equip with an old tarpaulin for a tent.
Supply a pile of bricks for building.
Secure or build a large packing box for a makeshift playhouse.
Arrange for a large assortment of smaller packing boxes for trains, planes, etc.
Bury large tractor tires erect for a pretend horse
Add a wooden "head" and "tail" to a wooden barrel for a pretend horse.
Make outdoor tables from industrial wire spools.
Cut metal barrels open at both ends and paint bright colors. Use for rolling, hiding, etc.
Place a basketball hoop low on a tree or building for use with large balls.
Build open, simple, sturdy, square boxes and paint brightly for building, climbing, etc.
Sand and paint heavy 10-12 foot planks for free play.
Build sawhorses about 24" high for use with planks.
Sink a metal washtub in the ground and fill with water for boat play.
Tie a sturdy knotted rope to a tree for a different climbing experience.
Supply a pile of different sized boards for free building.
Mount an old car steering wheel on a box for a pretend vehicle.
Secure an old telephone pole and lay horizontally for a "balance beam".
Nail a pretend "wing" on a packing box to make an airplane.
Sink a rejected cement culvert to make an underground tunnel.
Build a wooden bridge and suspend lengths of rope inside for climbing and imagination. Paint, and decorate with flower boxes.
Hang a thick plywood circle from a tree limb for an inexpensive but imaginative "merry-go-round".

This list is compliments of Area II, Huron Valley Council
Compiled by Carol Guregian, Stone School Nursery Inc., Ann Arbor



6. MAKE-IT-YOURSELF PLAYGROUND IDEAS

TREE STUMPS

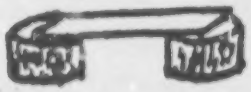
CLIMBING STEPS - arrange stumps in step formation; paint the top surfaces different colors

TUNNELS - line up stumps in two rows, not too far apart. By placing boards across the top, children can make a tunnel.

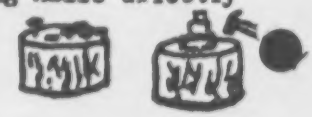
PRETEND STOVE - a stump with burners painted on the top can be used in the sand and water areas, or where other make-believe activities are going on.

CLUMP OF STUMPS - place stumps of varying heights together

BENCHES - two stumps and a long board make a bench for sitting, a table for sand creations and art activities (etc.), or a "wall" between play areas.



WOODWORKING WORKBENCH - in a protected spot, a stump can be a good pounding surface - for use as a workbench or for pounding nails directly into it.



LOW RAMP

using long, wide, sturdy boards, make a low ramp for wheel toys - indoors or out.
paint with liquid plastic

HILL-SLIDE

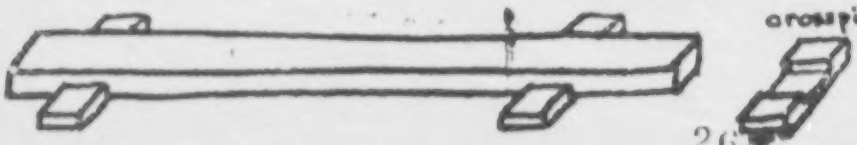
secure a sliding board on the side of a hill or mound

CHALKBOARD

buy "chalkboard enamel" and paint it on a wall or large board - indoors or out. (Glidden Paint Store in A.A. will order it for you. One quart ($5.00) should cover a surface about 8' x 8' with two or three coats.) Green only.

BALANCE BEAM

place a long board (such as a 2 x 4) on several cross pieces, or use as is on floor. cut out a portion of each cross piece, as shown:



Compiled by
Barbara Banet

PULL CART

bolt an old tire on a board with 4 casters
add a piece of rope for pulling

DOLLY

secure 4 casters to a piece of wood
(12" x 18" will do nicely)
children can lie or sit on it and
scoot themselves around

HAMMOCK

attach a hammock (made from canvas) to trees or the building
position it close to the ground, preferably over a patch of grass, since hammocks tend to be tipsy

CONCRETE TUNNELS

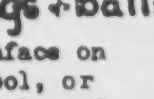
obtain one or more large sewer pipes
paint with bright colors
use as is on the ground or build a mound over it with dirt or wood chips

TREASURE CHEST OF JUNK

possible contents:
- rope and string of varying lengths
- pieces of cloth - strips and squares
- wheels of all sizes
- old tire pump
- tubes of varying widths and lengths (such as pieces of old garden hose)
- small clear plastic bottles (for collecting bugs and things)
- old oil can
- old brushes - paint brushes, scrub brushes, whisk broom
- springs of different sizes
- popsicle sticks
- small plastic containers

TARGETS - for beanbags + balls

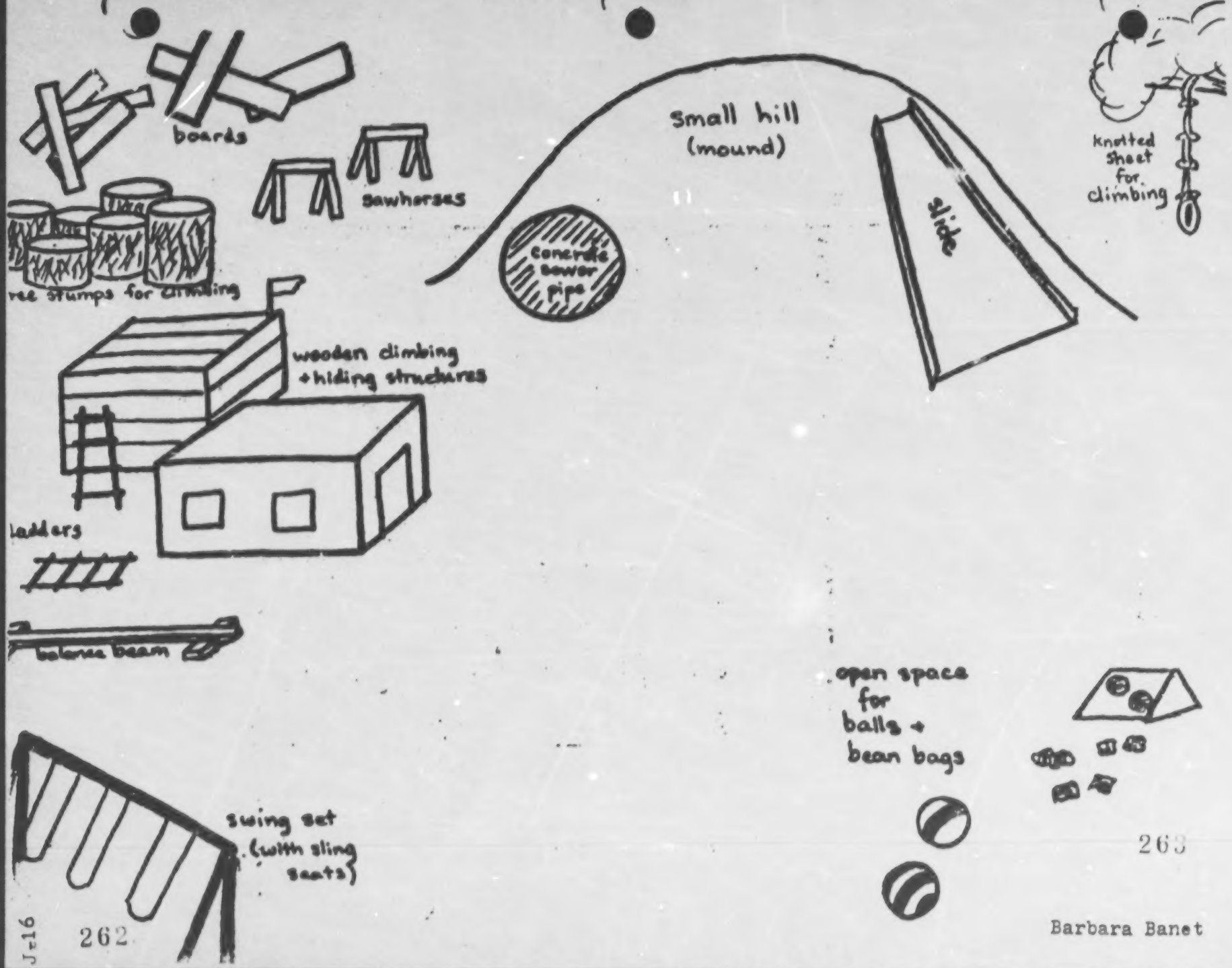
1. paint a bull's eye or clownface on the side of a shed, school, or on a board (which can be leaned against the building or 2 trees)
2. use tires or fiberdrums as containers for tossing beanbags or balls in
3. cut holes in a board or in a cardboard carton:



"INDOOR" MATERIALS TO BRING OUTDOORS

- dress-up clothes and props
- art materials
- musical instruments - purchased or homemade
- science materials - including seeds to plant
- woodworking tools and wood scraps
- water and sand equipment
- books
- punching bag
- "cooking" projects - e.g. sandwiches for a picnic
- cardboard cartons of all sizes - the bigger the better
- boards of varying lengths - paint with liquid plastic

compiled by
Barbara Banet
Aug. 1, 1972



Barbara Banet

SECTION J

7. Bibliography

Project Head Start #9 Equipment and Supplies	--Project Head Start Office of Child Development U.S. Department of Health, Education, and Welfare Washington, D.C. 20201	FREE
Designing the Child Development Center	-- "	FREE
Choosing Toys for Children of All Ages	--American Toy Institute, Inc. 200 Fifth Avenue New York, New York 10010	FREE
Community Playthings	--Community Playthings Rifton, New York 12471	FREE
Criteria for Selecting Play Equipment for Early Childhood Education	--Community Playthings Dept. #2 Rifton, New York 12471	FREE
Play and Your Child's Development Extension Publication 605 Home and Family Series Reprinted in April, 1972	--Michigan State University East Lansing, Michigan	
A Creative Life for Your Children HEW Headliner Series #1 1962	--U.S. GOvernment Printing Office Washington, D.C.	
Beautiful Junk	--Project Head Start Office of Child Development U.S. Department of Health, Education, and Welfare Washington, D.C. 20201	FREE
Planning Environments for Young Children: Physical Space Kritchevsky, Prescott, and Walling, 1969	--National Association for the Education of Young Children 1834 Connecticut Avenue N.W. Washington, D.C. 20009	$1. 50

SECTION K

PROGRAMMING

A thorough knowledge of child development, appropriate equipment, and committed staff are important ingredients in a successful program. However, there are skills and knowledge involved in planning a blalanced developmental program that will meet the needs of children in physical, social, emotional, and academic areas. There are many excellent guides to developing and implementing a program philosophy for preschool centers. "Idea" books of activities for preschoolers are also quite available. In this section we have included only a few things that are less accessible: a list of multi-ethnic materials, some guides to evaluation, and some guidelines for scheduling when children are present all day.

SECTION K -- CONTENTS

1. Scheduling a Whole Day Program..... K-3

2. A Checklist for Evaluating Quality Child Care Programs..... K-5

3. Look at Your Center..... K-6

4. Some Multi-Ethnic Materials..... K-11

5. Bibliography..... K-12

1. Scheduling a Whole Day Program

Esther R. Buch

Full day centers for preschoolers are often faced with problems of space and timing: a classroom that is quite adequate for playtimes must also serve as a luchroom and napping area, and not all children are ready to do the same activity at the same time. Unlike a public school teacher writing lesson plans, a child caretaker in a full day center plans in much detail for the physical care of the children. Balance of the day's activities and concern for individual children's differences are key factors. Planning should vary by season, and reflect the current interest of both the children and their teachers. A pattern of activities helps provide security for the children, but it should be flexible enough for changes because of weather, the nature of an activity, or an interesting event.

I. Physical care
   A. Feeding
      1. Can a child who has not had breakfast eat on arrival?
      2. Are meals spaced so that children are hungry for them?
      3. Are mealtimes quiet and relaxing, long enough for conversation, but not so long that children get fidgety?
      4. Do adults sit with the children and eat with them?
      5. Do children serve themselves and help with setting the table and cleaning up?
      6. Are children encouraged, but not forced to eat? Is there discussion of the nutritional value of the foods?
   B. Rest times
      1. Can a child who is tired find a place to rest or a quiet activity at all times?
      2. Are there alternatives for children who do not need naps? For those who need longer naps?
      3. Are children given some special individual attention while settling down for naps?
      4. Are children awakened gently?
      5. Are cots put down and put away without disrupting the children's activities? Can children help?
   C. Clothes-changing and toileting
      1. Are sanitary and health procedures followed?
      2. Are questions about sexuality and racial awareness handled openly and honestly?
      3. Are children who wish privacy respected?
   D. Chores
      1. Do adults know who is responsible?
      2. Is a minimum time away from children scheduled for these?

II. Activity scheduling
- A. Are quiet and active times interspersed?
- B. Is there a balance of child-initiated and teacher-initiated activities?
- C. Is there a balance of individual, small group, and large group activities?
- D. Are there enough choices so that children can move from activity to activity without arguments?
- E. Are all curriculum areas represented regularly? --
  gross, fine, sensory motor
  science, math., language, social studies
  art music, dance, dramatic play
  books literature, writing
- F. Is there enough teacher supervision for the planned activities? (e.g. one teacher baking bread with a small group, and another fingerpainting with a small group, in the same room with no other adults, implies a disaster!)
- G. Is time for outdoor play planned appropriately for the weather?
- H. Are plans appropriate to the children's needs and moods at different times of the day?

III. Transitions
- A. Are children adequately supervised at both ends - where they're coming from and where they're going?
- B. Do children help clean up?
- C. Do children know what to do and where to go next?

IV. Staff relationships
- A. Do staff model friendship and cooperation?
- B. Do morning and afternoon staff have an opportunity to communicate about individual children, to insure consistency?

V. Child-adult relationships
- A. Are children's emotional needs a concern to staff?
- B. Is each child valued as an individual?
- C. Do adults care about and feel close to individual children?
- D. Are warmth and physical affection freely shown to children?

VI. Staff-parent Relationships
- A. Do staff schedule time so that they are free to communicate messages to parents when they are bringing and picking up children?
- B. Are staff available at other times for parent contacts or phone calls?
- C. Are efforts made to insure center-home consistency?
- D. Do staff see the center as a support to families, rather than competition with them?

2. A Checklist for Evaluating Quality Child Care Programs

Ann Diggs and Patti Scanlon

( ) 1. Joyful, happy children showing more enthusiasm than boredom.

( ) 2. Enough warm, caring, competent adults, attentive to children and their individual needs for total growth. The quality of the interaction between children and adults is the critical factor.

( ) 3. Enough varied, stimulating pictures, toys, and equipment for cognitive growth, accesible and within child's reach and at his eye level.

( ) 4. Some adult planned, more child-initiated activities and choices throughout the day's program.

( ) 5. Cheerful rooms, preferably arranged with interest centers, equipped to encourage child to freely explore, discover, satisfy curiosity, and assume responsibility for returning things to shelves.

( ) 6. Plenty of space in which to safely play and grow, indoors and out, including enough space for privacy at rest time.

( ) 7. A special "storage" place for each child's own things.

( ) 8. Well balanced, nutritious meals and snacks, food children enjoy, not too starchy or sweet. (Ask to see the week's menus.)

( ) 9. Indication that parents are welcome at all times.

( )10. Provision for emergency health needs of child such as an isolation area, accessible physician, or nearby health facility. (Ideally - a comprehensive health care program)

The authors suggest visits to Child Care facilities under consideration, from 9 to 12 A.M., when the children are present and a revisit if there are any questions. A passing score is 70 or better.

Caution: Licensing does not guarantee quality.

Prepared by Ann Diggs and Patti Scanlon - November 1972 - Graduate School of Education, ECE 7211, Memphis State University, Memphis, Tennessee.

3. LOOK AT YOUR CENTER

Is it a place for learning and growth?

An evaluation checklist
prepared by P.E.P.

Sylvia B. Epstein
Ruth D. Applegate
Program Specialists

I. The Room

1. Are there well-separated areas for
   - a. housekeeping? _____
   - b. unit block building? _____
   - c. hollow block building? _____
   - d. large muscle activities? _____
   - e. table toys? _____
   - f. books? _____
   - g. art? _____

2. Can the children work in all the areas at the same time without disturbing each other? _____

3. Does the room look orderly and attractive? _____

4. The housekeeping corner
   - a. Are the dolls clean and whole? _____
   - b. Is there a pad and blanket for the doll bed? _____
   - c. Are the pots, pans and dishes clean and neatly and easily stored? _____
   - d. Are there plenty of dress-up clothes for boys and girls? Dresses? Jackets? Shoes? Ties? Purses? Wallets? Scarves? _____
   - e. Are the dress-up clothes fresh? _____
   - f. Are the clothes stored on hooks and shelves so that the children can manage them? _____
   - g. Is there a mirror? _____
   - h. Are "surprises" planned for dramatic play from time to time...like play dough, food cartons, special clothes, tasting parties, water play? _____

5. The unit block building center
   - a. Is the floor smooth and even? _____
   - b. Is the area out of any traffic lanes? _____
   - c. Are the blocks stored in shelves according to size? _____
   - d. Are there interesting accessories? People? Small vehicles? Animals? _____
   - e. Are the accessories changed from time to time? _____

6. The hollow block area
   - a. Is it large enough for the activity? _____
   - b. Is it near enough to the housekeeping corner or the large muscle area to provide opportunity for enrichment of dramatic play? _____

c. Are there large transportation toys available for accessories? _____
d. Are the blocks checked weekly to be sure that there are no splinters or protruding nails? _____

7. Large muscle activity area

a. Is the equipment placed in the best possible way for safety? _____
b. Is it the correct size for the children? _____
c. Is it easily supervised? _____
d. Is the equipment rearranged from time to time to offer new challenges to the children? _____

8. Table toy area

a. Are there plenty of open, low shelves to hold the toys? _____
b. Are the tables and chairs close to the shelves? _____
c. Does each type of toy have its special place on the shelf? _____
d. Does each toy have a sturdy container? _____
e. Are the containers shallow enough or labelled with pictures so the children know what's in them? _____
f. Are there individual containers for toys that can be divided like stringing beads? _____
g. Are toys switched from time to time? _____
h. Are the toys whole and unbroken? _____

9. Book corner

a. Are the books stored so the children can see the front of the cover? _____
b. Is there an inviting place to sit down with a book? (A table, a rug, an easy chair?) _____
c. Is the book corner in the quietest place in the room? _____
d. Is the light adequate? _____
e. Are the books changed from time to time? _____

10. Art area

a. Are crayons, paper, paste, and scissors on shelves that the children can reach? _____
b. Are the crayons in individual containers so each child may have his own? _____
Note: That does not mean a container for each child in the center but enough for several children to draw at one time.
c. Are the scissors easy to work? _____
d. Are paper and paints stored near the easel? _____
e. Is the art area as close to water as possible? _____

f. Are the aprons hung where the children can reach them? _____
g. Is there a convenient place to put wet paintings to dry? _____
h. Is there a convenient place to put pastings and glue work to dry? _____
i. Is there a safe place for children to put work they want to take home? _____

11. Room decoration

a. Are almost all of the decorations made by the children? _____
b. Are they placed low enough so the children can see them? _____
c. Are they changed frequently? _____
d. Are decorations, other than those made by the children, attractive and meaningful to the children? Can the children get close to them? _____

12. Are there growing things in the room? _____

13. Does the room "work"? Is it pleasant for children and convenient for adults? _____

II. The People

1. Could your motto be "Children Are People"? _____

2. Do the adults listen and speak as politely to the children as they do to the other adults? _____

3. Does everyone know what the limits are? Children and adults? _____

4. Do the children feel safe and comfortable? _____

5. Do the adults refrain from comparing children? _____

6. Do the adults share in the meals? Sit at the tables with the children? Eat the same food? _____

7. Are the children encouraged to do things for themselves? _____

8. Are the children protected from feeling "dumb" or "bad"? _____

9. Do the adults respect the children's ideas and work? _____

10. Do the adults speak directly to a child rather than from a distance? _____

11. Do the adults give the children honest choices? _____

12. Do the adults and children respect materials and see that they are properly stored? _____

13. Is each child regarded as an individual? _____

III. The Schedule

1. Does the day follow a regular pattern? _____

2. Is there a minimum of one hour between breakfast and lunch for a free choice of activity period? _____

3. Is there a time for small group activities? _____

4. Is there a time for large group activities for those children who are ready for such experience? _____

5. Is there a time for a story? _____

6. Is the day calm and unpressured? _____

7. Is there a time for outdoor activity? _____

8. Is there a mix of active and quiet activities through the day? _____

9. Do the changes of activity move smoothly rather than involving long waiting periods for the children? _____

10. Does the staff discuss possible changes in the schedule? _____

IV. The Program

1. Does the range of activities offer something for each child? _____

2. Are music and stories an important part of the program? _____

3. Does the free choice of activity period include at least two art activities? _____

4. Are special activities planned for the late afternoon hours? _____

5. Do children have ample opportunity to develop their large muscles? _____

6. Do children have ample opportunity to develop their small muscles? _____

7. Are there activities like water play, sand play, cooking, planting seeds, caring for animals? _____

8. Is there a place to explore magnets, magnifying glasses, weights, old clocks, prisms? _____

9. Do the adults stimulate the children to enlarge their building activities? _____

10. Do the adults encourage dramatic play with suggestions and props? _____

11. Are the adults aware of each child's activities and what areas he/she needs encouragement to try? _____

12. Are children well prepared for field trips? _____

13. Are field trips planned with an understanding of the children's physical and mental development? _____

14. After the trip is the experience used to stimulate dramatic play? _____

15. Are children encouraged to express themselves in words? And does someone listen? _____

4. Some Multi-Ethnic Materials

Carol Austin

Books:

All by E.J. Keats
An Apple is Red, Nancy Curry
Run and Play, Bank Street
City Rhythms, Ann Grijalconi
Two is a Team, L. and J. Beim
Little Brother, Carol Wilde
Making Applesauce, E.K.Barth
The Mailman, Lynn Sweat
The Monster
Do You Know What? Ruth Janes
Sesame Street Book of People and Things

Flannel Board:

"The Family," Milton Bradley

Teaching Pictures:

"School Experiences," Scholastic
"Motor-Perceptual Learning," Bowmar
"Black ABC's," Society for Visual Education

Wooden Figures:

"Community Workers"
"Negro Family" Judy Story Sets

Puppets:

"Family Face Puppets," Instructo

Films:

"About Myself," set of 3, Bowmar
"Who Am I," set of 5, Scholastic
"Robert and His Family," Society for Visual Education
"Squares are Not Bad," Western Publishing Company

Records:

All by Ella Jenkins
"Children's Songs of Mexico"
"Coniones Infantiles"
"Pueblo Songs of the Southwest" (American Indian songs)

5. Bibliography

Project Head Start
#4 "Daily Program" 1
#7 "Daily Program" 2
#11 "Daily Program" 3

--Project Head Start FREE
Community Action Program
Office of Economic Opportunity
Washington, D.C.

Early Childhood Education Newsletter

--Mrs. Jeanne Brown Subscription
103 Human Ecology Bldg. $2.00
Michigan State University
East Lansing, Michigan

Evaluation of the Child, A Guide for Teacher Recording in Day Care Agencies, J-17

--Child Welfare League 60¢
of America, Inc.
44 East 23rd Street
New York, New York 10010

Evaluation of the Center, A Guide for Collecting and Organizing Information on Early Childhood Programs

--National Association for Education of Young Children in Young Children, June 1972

The Organization of Day Care, Considerations Relating to the Mental Health of Child and Family, Christopher Heinicke

--American Journal of Orthopsychiatry, 43 (1) January, 1973

Day Care as a Child Rearing Environment, vol. 2, E. Prescott, E. Jones, and S. Kritchevsky

--National Association for the Education of Young Children
1834 Connecticut Ave. N.W.
Washington, D.C. 20009

Day Care #2, Serving Infants
Day Care #3, Serving Preschoolers
Day Care #4, Serving School Age Children

--U.S. Department of Health, Education and Welfare, Office of Child Development

Starting Out Right Choosing Books About Black People for Young Children Preschool Through Third Grade

--Wisconsin Department of Public Instruction FREE
Wisconsin Hall
126 Langdon Street
Madison, Wisconsin 53702

also available from:
Day Care & Child Development Council of America, Inc.
Gryphon House Publications
P.O. Box 246
3706 Otis St. #W50 $3.25
Mt. Rainier, MD 20822

The Scrap Book: A Collection of Activities for Preschoolers	--Friends of Perry Nursery School 1541 Washtenaw Ann Arbor, Michigan 48104	$2.50
An Activities Handbook for Teachers of Young Children	--Doreen J. Croft and Robert D. Hess Boston, Houghton Mifflin Company, 1972	$7.75

SECTION L

BIBLIOGRAPHY

This section of the Kit is comprised of three items: a list of periodicals in which child care personnel may be interested, a list of organizations concerned with child care and young children, and a partially annotated bibliography. This bibliography differs from the shorter bibliographies in each section of the Kit in that it includes items of a general nature, those concerned with policy, and also, some more expensive volumes.

SECTION L -- CONTENTS

1. Selected Periodicals Related to Early Childhood.. L-3

2. Organizations Related to Child Care..... L-4

3. Annotated Bibliography..... L-5

1. Selected Periodicals Related to Early Childhood

1. Children Today
Children's Bureau
Office of Child Development
U.S. Department of Health, Education and Welfare
Washington, D.C. 20013

2. Day Care and Child Development Reports
P.O. Box 64014
Baltimore, Maryland 21204

3. Day Care and Early Education
Behavioral Publications
72 Fifth Avenue
New York, New York 10011

4. Early Childhood Education Newsletter
Family Living Education
Cooperative Extension Service
Michigan State University
East Lansing, Michigan 48824

5. Early Childhood Project Newsletter
Education Commission of the States
300 Lincoln Tower
1860 Lincoln Street
Denver, Colorado 80203

6. Early Years
Allen Raymond, Inc.
P.O. Box 1223
Darien, Connecticut 04820

7. ERIC-ECE Newsletter
ERIC Clearinghouse on Early Childhood Education
805 W. Pennsylvania
Urbana, Illinois 61801

8. FOCUS
1910 K. Street, N.W.
Washington, D.C. 20006

9. Report of Preschool Education
Capitol Publications, Inc.
2430 Pennsylvania Avenue, N.W.
Washington, D.C. 20037

10. Voice for Children
Day Care and Child Development Council of America, Inc.
1012 14th Street, N.W.
11th Floor
Washington, D.C. 20005

11. Young Children
National Association for the Education of Young Children
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009

2. Organizations Related to Child Care

1. Association for Childhood Education International
   3615 Wisconsin Avenue, N.W.
   Washington, D.C. 20016

2. Black Child Development Institue
   1028 Connecticut
   Washington, D.C.

3. Child Development Associate Consortium
   805 Fifteenth St., N.W.
   Washington, D.C. 20005

4. Child Welfare League of America
   67 Irving Place
   New York, New York 10010

5. Chidren's Defense Fund
   1520 New Hampshire Avenue, N.W.
   Washington, D.C.

6. Coalition for Children and Youth
   1910 K Street, N.W.
   Washington, D.C. 20006

7. Day Care and Child Development Council of America
   1426 H Street, N.W.
   Washington, D.C. 20005

8. Michigan Community Coordinated Child Care Council
   Lewis Cass Building, 1st Floor
   Lansing, Michigan 48909

9. National Association for the Education of Young Children
   1834 Connecticut Avenue, N.W.
   Washington, D.C. 20009

10. Office of Child Development
    U.S. Department of Health, Education, and Welfare
    Washington, D.C. 20201

3. Annotated Bibliography

A Cost Analysis System for Day Care Programs, Southeastern Day Care Project, 130 Sixth St., N.W., Atlanta, GA, 1971.

Cherry, Clare, Harkness, Barbara, and Kuzma, Kay, Nursery School Management Guide, Fearon Publishers, Belmont, California, 1973.

Auerbach, Stevanne and Freeman, Linda: Choosing Child Care, A Guide for Parents, Parent and Child Care Resources, California, 1976.

Auerbach, Stevanne with Rinaldo, James: Model Programs and Their Components, 1976.

American Academy of Pediatrics, Commitee on Infant and Preschool Child: Standards for Day Care Centers for Infants and Children Under Three Years of Age (23 page brochure, describing basic principle on administration, personnel, records, program, health services, nutrition and physical facilities.) P.O. Box 1034, Evanston, Illinois 60204 Quanity prices on request.

America's Children 1976, National Council of Organizations for Children and Youth, 1910 K St., Washington, D.C. $4.00.

Association for Childhood Education International: Housing for Early Childhood Education: Centers for Growing and Learning (Articles of description and philosophy of housing facilities for early childhood education. Graphic sketches and illustrations from the United States and in other countries.) 3615 Wisconsin Ave., N.W., Washington, D.C., 20016, 185 pages, $1.50.

Axelrod, Pearl G. and Trager, Natalie: "Directing a Day Care Center," Children Today, November-December 1972.

Baker, Kathleen Read: Let's Play Outdoors. The use of outdoor space. National Association for Education of Young Children, 1629 21st Street, N.W., Washington, D.C. 20009, 1966.

Boguslawski, D.: Guide for Establishing and Operating Day Care Centers for Young Children. Child Welfare League of America, 44 East 23rd Street, New York, N.Y. 10010.

Breitbart, Vicki: The Why, What and How of Community Day Care, New York, Alfred Knopf, 1974.

Child Welfare League of America: Standards for Day Care, revised 1969, 115 pages $2.50. Child Welfare League of America, 44 East 23rd Street, New York, N.Y. 10010.

Day Care and Child Development Council of America, Inc., 1426 H Street, N.W., Washington, D.C. 20005
The following publications are recommended as particularly useful:
1) Planning a Day Care Program, DCCDA, 1971. 15 pages $1.50
2) Resources for Day Care: Bibliography, free
3) Alternatives in Quality Day Care, J. Swenson. A Guide for Thinking and Planning.
4) Formative Evaluation: Parents and staff working together to build a responsive environment, McSpadden, Lucia Ann, $2.00

Day Care Evaluation Manual, Bedger, et.al., Council for Community Services in Metropolitan Chicago, 1974.

Dittman, Laura: Children in Day Care with Focus on Health, Children's Bureau Bulletin, Publication #44, 1967, U.S. Department of Health, Education, and Welfare.

Day Care Council of New York: So You're Going to Run a Day Care Service! A Handbook for Citizens Concerned with Day Care Programs. 114 East 32nd Street, New York, N.Y. 10016
"Starts from the beginning, presupposing nothing."
Some Appendix material specific to New York State.

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Evans, E. Belle, Saia, George, and Evans, Elmer: Designing a Day Care Center, Beacon Press, 1974. How to select design, and develop a day care environment.

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